## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000107083

Apr 20, 2004 Secretary of State

Entity Name: EUPHORIA HEALTH AND FITNESS, INC. **Current Principal Place of Business: New Principal Place of Business:** 19971/2 ALOMA AVE WINTER PARK, FL 32792 **Current Mailing Address: New Mailing Address:** 2102 EAST ROBINSON STREET C/O HAYES & ASSOCIATES, CPA, PA ORLANDO, FL 32803 FEI Number: 59-3617145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAYES, RICHARD F CPA 2102 EAST ROBINSON STREET ORLANDO, FL 32803 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VSTD ( ) Delete Title: () Change () Addition CHIOJI, WENDY Name: Name: 1021 LINCOLN CIRCLE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: PD Title: () Change () Addition () Delete Name: HUSTY, TODD Name: 5690 S. LAKE BURKETT LANE Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD HUSTY PD 04/20/2004