2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107083

WINTER PARK, FL 32789

City-St-Zip:

Entity Name: EUPHORIA HEALTH AND FITNESS, INC.

FILED Apr 27, 2005 Secretary of State

-		,			
Current Principal Place of Business:			New Principal Place of Business:		
	LOMA AVE PARK, FL 3279	92			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O HAYE	T ROBINSON S S & ASSOCIA D, FL 32803				
FEI Number	: 59-3617145	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
2102 EÁS ORLANDO	ICHARD F CP. T ROBINSON S D, FL 32803	STREET US			
	enamed entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VSTD () CHIOJI, WEND 1021 LINCOLN WINTER PARK	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PD () HUSTY, TODD 5690 S. LAKE E	Delete BURKETT LANE	Title: Name: Address:	() Change () Addition	

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 04/27/2005