

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107083

FILED
Apr 13, 2007
Secretary of State

Entity Name: EUPHORIA HEALTH AND FITNESS, INC.

Current Principal Place of Business:

19971/2 ALOMA AVE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

115 W. GORE STREET
C/O HAYES & ASSOCIATES, CPA, PA
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3617145 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAYES, RICHARD F CPA
115 W. GORE STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Title: VSTD () Delete
Name: CHIOJI, WENDY
Address: 1021 LINCOLN CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: HUSTY, TODD
Address: 5690 S. LAKE BURKETT LANE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 M HUSTY

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date