## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 AM Secretary of State **DOCUMENT # S49380** 1. Entity Name FITWISE, INC. Principal Place of Business Mailing Address 4620 WESTFORD CIRCLE 6408 W. LINEBAUGH AVE. TAMPA, FL 33618 #105 TAMPA, FL 33625 radinis in pied telan iinst lein ver pleit blei die versit dies versit dies versiten if jed Laurus in dies telan iinst eliga dies versiten die versiten die versiten dies versiten die versiten recent 34347007 Cremena transi DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3073444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALL, DANIEL R DO NOT WRITE 4620 WESTFORD CIRCLE TAMPA, FL 33618 IN THIS SPACE 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or prirated name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) 9. Liection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAM'E WALL, DANIEL ROBERT 4620 WESTFORD CIRCLE STREET ADDRESS TAMPA, FL 33618 CITY ST ZIF U00000739578 05/14/07-80033-001 150.00 ST THILE WALL, KIM N 4620 WESTFORD CIRCLE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAM: STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY ST ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ooth; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY ST ZIP

SAMULA NO TYPE OF PRINTED NAME OF SIGNING

4-24-07 (813)624-5934

**FILED** 

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