2008 FOR PROFIT CORPORATION

## ANNUAL REPORT FILED Jan 24, 2008 08:00 AM **DOCUMENT # S62085** Secretary of State 1. Entity Name DOOR TO DOOR FITNESS, INC. Principal Place of Business Mailing Address 1608 S 19TH AVE 12573 NW 10TH PL HOLLYWOOD, FL 33020 SUNRISE, FL 33323 US CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0273592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURGER, MARTIN J. DO NOT WRITE 12573 NW 10TH PL SUNRISE, FL 33323 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATÉ (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PST** TITLE BURGER, MARTIN J NAME STREET ADDRESS 12573 NW 10TH PL CITY-ST-ZIP SUNRISE, FL 33323 U00000792939 TITLE 01/24/08-80030-001 150.00 BURGER, MARTIN J STREET ADDRESS 12573 NW 10TH PL CITY-ST-ZIP SUNRISE, FL 33323 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE STREET ADDRESS

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 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 in Block 10 or Block 11 in the corporation of 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 in the corporation of the receiver or trustee.

CITY-ST-ZIP

Daytime Phone #