


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 015 ***550.00

DOCUMENT # S69939
 1. Entity Name
TNT FITNESS, INCORPORATED



Principal Place of Business 1955 SW BRISBANE ST. PORT ST. LUCIE, FL 34984	Mailing Address 1955 SW BRISBANE ST. PORT ST. LUCIE, FL 34984
---	---

00020736

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0283338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREMBLAY, JANE E.
1955 SW BRISBANE ST.
PORT ST. LUCIE, FL 34984

MARK TREMBLAY
327 NW SHEFFIELD
CR
Port St Lucie FL 34983

DO NOT WRITE 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: *Mark Tremblay* DATE: _____
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMBLAY, MARK <i>327 NW SHEFFIELD</i> 1955 SW BRISBANE ST. <i>CR</i> PT ST LUCIE, FL <i>34983</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA TREMBLAY, JANE 1955 SW BRISBANE ST PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Tremblay* *5/31/06* DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR