


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90042 028 ***150.00

DOCUMENT # S87421

1. Entity Name
THE FITNESS EDGE, INC.



Principal Place of Business Mailing Address
1555 PALM BCH LAKES BLVD #402 **1555 PALM BCH LAKES BLVD #402**
W PALM BEACH, FL 33401 **W PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent

NEYLON, WILLIAM J.
3716 WHITEHALL DR.
#203
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINO, CARL	NAME	
STREET ADDRESS	3000 N OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33404	CITY-ST-ZIP	
TITLE	VDTs <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEYLON, WILLIAM J.	NAME	
STREET ADDRESS	3716 WHITEHALL DR. #203	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOKNECHT, KURT	NAME	
STREET ADDRESS	4965-B ALDER DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: William J. Neylon 4/18/08 561-640-7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40078673



03262008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0293572 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required