

1.) CORPORATION NAME: CORPORATE FITNESS WORKS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: FL	DUE DATE: 2/28/2014 SCC ID NO: F1500877 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td>500</td> </tr> <tr> <td>COMNV</td> <td>500</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMV	500	COMNV	500
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COMV	500						
COMNV	500						

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1200 16TH ST N CITY/ST/ZIP: ST PETERSBURG, FL 33705
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SHEILA I DROHAN TITLE: CEO ADDRESS: 1200 16TH ST N CITY/ST/ZIP/CO: ST PETERSBURG, FL 33705	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: BRENDA C LOUBE TITLE: PRINCIPALFOUNDE ADDRESS: 1200 16TH ST N CITY/ST/ZIP/CO: ST PETERSBURG, FL 33705	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHEILA I DROHAN	SHEILA I DROHAN, CEO	2/24/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.