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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
145381	Omni Fitness Acquisition Corporation			
3. Street Address Principal Business Office		City	State	Zip
60 Oxford Drive		Moonachie	NJ	07074
4. Business Phone No.	5. State of Incorporation			
562-296-1090	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Own & operate fitness equipment retail stores

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Kenton S. Van Harten			None		
Street Address			Street Address		
10323 Santa Monica Blvd., #101					
City	State	Zip	City	State	Zip
Los Angeles	CA	90025			
Secretary Name			Treasurer Name		
Brian P. McDermott			Michael Fourticq, Sr.		
Street Address			Street Address		
10323 Santa Monica Blvd., #101			10323 Santa Monica Blvd., #101		
City	State	Zip	City	State	Zip
Los Angeles	CA	90025	Los Angeles	CA	90025

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Kenton S. Van Harten			Michael Fourticq, Sr.		
Street Address			Street Address		
10323 Santa Monica Blvd., #101			10323 Santa Monica Blvd., #101		
City	State	Zip	City	State	Zip
Los Angeles	CA	90025	Los Angeles	CA	90025
Director Name			Director Name		
Brian P. McDermott					
Street Address			Street Address		
10323 Santa Monica Blvd., #101					
City	State	Zip	City	State	Zip
Los Angeles	CA	90025			

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
5,000,000	Common	.001

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2,000,000	Common	.001

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Heidi Bowman 9/14/07
Signature *Date*

Heidi Bowman
Print or Type Name

[redacted] Paralegal
Title

File Date FILED
Check No. SEP 19 2007
By: By 240969
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13660-2-180505

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