

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # J57853			
1. Entity Name K.C. CHUNG WORLD MARTIAL ART ACADEMY, INC.			
Principal Place of Business 8337 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071	Mailing Address 8337 WEST ATLANTIC BLVD SUITE #D-34 CORAL SPRINGS, FL 33071		
DO NOT WRITE IN THIS SPACE			
		05172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2764262	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent LEE, JAE SOON 8337 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071		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 _____ 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 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, JAE SOON 8337 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071		
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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: <u>Jae Soon Lee</u>		<u>Resident</u>	<u>MMAY 06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #