

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

04-26-2004 91006 005 ***158.75

4/2

66423151



DOCUMENT # P01000055574			
1. Entity Name SHAOLIN MARTIAL ARTS, INC.			
Principal Place of Business 1155 WEST S.R. 434 SUITE #123 LONGWOOD, FL 32707 <i>wrong zip</i>		Mailing Address 521 NEW ENGLAND COURT APT. B101 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business <i>SAME</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>SAME</i>		Suite, Apt. #, etc.	
City & State <i>SAME</i>		City & State	
Zip <i>32750</i>	Country	Zip	Country
4. FEI Number 59-3737489		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEMING, TRACY M 521 NEW ENGLAND COURT APT. B101 ALTAMONTE, FL 32714		7. Name and Address of New Registered Agent Name: <i>SAME AS CURRENT TMA</i> Street Address (P.O. Box Number is Not Acceptable): <i>SAME</i> Suite: <i>SAME</i> City: <i>SAME</i> FL Zip Code: <i>-</i>	
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: <i>Tracy M. Fleming</i> <i>TJ</i> DATE: <i>4-21-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$160.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, TRACY M 511 HIGHLAND DR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Tracy M. Fleming</i> <i>TJ</i>		Date: <i>4-21-04</i> (407)332-0027	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>Date Days in Phone #</small>	