


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90228 015 \*\*\*150.00

**DOCUMENT # P01000055574**

1. Entity Name  
**SHAOLIN MARTIAL ARTS, INC.**



Principal Place of Business  
**1155 WEST S.R. 434  
 SUITE #123  
 LONGWOOD, FL 32750**

Mailing Address  
**521 NEW ENGLAND COURT  
 APT. B101  
 ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business  
**1155 West S.R 434**

Suite, Apt. #, etc.  
**Suite (131)**

City & State  
**Longwood FL.**

3. Mailing Address  
**Correct Address**

Suite, Apt. #, etc.

City & State

Zip  
**32750**

Country

Zip  
**32750**

Country

04192005 Chg-P CR2E034 (10/03)



4. FEI Number  
**59-3737489**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

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 *Tracy M Fleming* DATE **4-19-05**

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, 2005 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	<b>FLEMING, TRACY M</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, TRACY M</b>	NAME	
STREET ADDRESS	<b>511 HIGHLAND DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	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	
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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 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: *Tracy M Fleming* DATE: **4-19-05** (407)332-0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR