


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000020645
 1. Entity Name
UNIFIED TAE KWON-DO OF FLORIDA, INC.



Principal Place of Business Mailing Address
 11 S. WASHINGTON STREET 11 S. WASHINGTON STREET
 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2ED34 (11/05)

4. FEI Number Applied For
02-0554025 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RACKI, SEAN
11 WASHINGTON ST
ORMOND BCH, FL 32174

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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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000472014
 03/29/06 80920-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RACKI, SEAN
STREET ADDRESS	11 WASHINGTON ST
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	VAS
NAME	RACKI, SCOTT
STREET ADDRESS	11 S. WASHINGTON STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  3/13/06 (384) 677-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #