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Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90044 001 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045553

1. Entity Name
FALBO'S FAMILY KARATE, INC

Principal Place of Business	Mailing Address
2558 GULF BREEZE PKWY., UNIT B GULF BREEZE, FL 32563	308 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3031 Gulf Breeze Pkwy	3031 Gulf Breeze Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State: Gulf Breeze FL
Zip: 32563 Country:	Zip: 32563 Country:

01152008 Chg-P CR2E034 (12/06)

4. FEI Number 03-0441835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FALBO, JAMES A 308 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FALBO, JAMES A	NAME	
STREET ADDRESS	308 VIA DELUNA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	VST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FALBO, TINA M	NAME	
STREET ADDRESS	308 VIA DELUNA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: X Tina Falbo Tina Falbo, VP 4/7/08 8503770127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #