

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027248

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** WARRIOR DEFENSE MARTIAL ARTS, INC.

**Current Principal Place of Business:**

1750 LEXINGTON AVE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

813B FLIGHTLINE BLVD.  
STE. 20  
DELAND, FL 32724

**New Mailing Address:**

2845 COLEMAN AVE  
DELAND, FL 32724

**FEI Number:** 20-8584931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARK, DIANE P  
2845 COLEMAN AVE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARK, GINGER  
Address: 2745 COLEMAN AVE  
City-St-Zip: DELAND, FL 32724

Title: D  
Name: MARK, RAYMOND E  
Address: 2745 COLEMAN AVE.  
City-St-Zip: DELAND, FL 32724

Title: S  
Name: MARK, DIANE P  
Address: 2845 COLEMAN AVENUE  
City-St-Zip: DELAND, FL 32724

Title: T  
Name: MARK, HOWARD E  
Address: 2845 COLEMAN AVENUE  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE P MARK

S

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date