


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State


04-16-2004 90095 006 ***150.00

DOCUMENT # P98000072071
 1. Entity Name
 ULTIMATE TAE-KWONDO ACADEMY, INC.



Principal Place of Business 1490 S. MILITARY TRAIL WEST PALM BEACH, FL 33415	Mailing Address 1490 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0861051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVRIES, NATASHA
 1490 S. MILITARY TRAIL
 SUITE 7
 WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TENN, ASTON 1490 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TENN, YVONNE 1490 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TENN, ALVIS 1490 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVRIES, NATASHA 1490 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
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 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: *Natasha Devries* Natasha Devries VD 4/10/04 561-964-0747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #