

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011048

FILED
Apr 23, 2006
Secretary of State

Entity Name: SOUTHWEST FLORIDA FENCING ACADEMY, INC.

Current Principal Place of Business:

4210 FOWLER ST.
UNIT 9 & 10
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1425 ALCAZAR AVE.
FT. MYERS, FL 33901 US

New Mailing Address:

6780 PLANTATION PINES BLVD
FORT MYERS, FL 33912 US

FEI Number: 20-2001867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUNG, STEPHEN
1425 ALCAZAR AVE.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

LANG, PAM
6780 PLANTATION PINES BLVD
FORT MYERS, FL 33912 US

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: PAM LANG

04/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABODA, AMY
Address: 18735 BASELEG AVE.
City-St-Zip: FT. MYERS, FL 33917 US

Title: V () Delete
Name: KELLY, MARK
Address: 4929 SEVILLE CT.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: JOHNSON, CHARLES
Address: 4165 EAST RIVER DR.
City-St-Zip: FT. MYERS, FL 33907 US

Title: T () Delete
Name: LEUNG, STEPHEN
Address: 1425 ALCAZAR AVE.
City-St-Zip: FT. MYERS, FL 33901 US

Title: D () Delete
Name: PRETTYMAN, MICHELE
Address: 19143 CALOOSA RD.
City-St-Zip: FT. MYERS, FL 33912 US

Title: D () Delete
Name: SOKOL, THOMAS
Address: 3381 13TH AVE. S.W.
City-St-Zip: NAPLES, FL 34117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LANG, PAM
Address: 6780 PLANTATION PINES BLVD
City-St-Zip: FORT MYERS, FL 33912 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM LANG

T

04/23/2006

Electronic Signature of Signing Officer or Director

Date