

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006820

FILED
Apr 26, 2006
Secretary of State

Entity Name: TAE KWON DO FOR AT-RISK KIDS, INC.

Current Principal Place of Business:

4021 S. DALE MABRY HIGHWAY
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4021 S. DALE MABRY HIGHWAY
TAMPA, FL 33611

New Mailing Address:

FEI Number: 01-0741645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENSON, DANIEL S
4021 S. DALE MABRY HIGHWAY
TAMPA, FL 33611 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: PTD () Delete
Name: LEVENSON, DANIEL S
Address: 2607 CHELSEA MANOR BLVD
City-St-Zip: BRANDON, FL 33510

Title: VSD () Delete
Name: GILES, HENRY W
Address: 7004 COHASSET CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MARTAUS, STEPHEN C
Address: 4003 S. WESTSHORE #2615
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BROWN, CYNTHIA C
Address: 216 CLEARVIEW AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MILES, SIDNEY G
Address: 3212 W. FAIROAKS
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LEVENSON, DANIEL S
Address: 7313 SOUTH KISSIMMEE STREET
City-St-Zip: TAMPA, FL 33616

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

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

Title: D (X) Change () Addition
Name: WILLIAMS, CAROLYN E
Address: 3106 WEST LASALLE STREET
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: MILES, SIDNEY G
Address: 3805 SAN LUIS
City-St-Zip: TAMPA, FL 33629

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: DANIEL S. LEVENSON

PTD

04/26/2006

Electronic Signature of Signing Officer or Director

Date