

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157600

Entity Name: ELITE MARTIAL ARTS ACADEMY, INC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

2710 ALT 19 S.
SUITE 103
PALM HARBOR, FL 34683 US

Current Mailing Address:

2710 ALT 19 S.
SUITE 103
TARPON SPRINGS, FL 34683 US

New Principal Place of Business:

2710 ALT 19
SUITE 301
PALM HARBOR, FL 34683 US

New Mailing Address:

2710 ALT 19
SUITE 301
TARPON SPRINGS, FL 34683 US

FEI Number: 52-2409421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEMAGHIDES- EMERY, GINGER
62 W. LIME ST
TARPON SPRINGS, FL 34689 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALEMAGHIDES-EMERY, GINGER
Address: 62 W. LIME ST
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP () Delete
Name: ALEMAGHIDES, NICHOLAS
Address: 6531 THICKET TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: S () Delete
Name: MANDELOS, ANDREAS
Address: 3343 ROCK VALLEY RD
City-St-Zip: HOLIDAY, FL 34691 US

Title: T () Delete
Name: ELIO, JOSEPH T
Address: 5324 CEDAR LANE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D () Delete
Name: TRACY TELCI
Address: 351 S. FLORIDA AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: () 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER ALEMAGHIDES EMERY

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date