

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 534204

FILED
Jan 04, 2006
Secretary of State

Entity Name: WISEMAN GYMNASTICS ACADEMY, INC.

Current Principal Place of Business:

15617 OLD 441
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 528
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-1766896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, RANDALL E.
1180 ANNIE STREET, P.O. BOX 528
MT. DORA, FL 32757 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: STD () Delete
Name: WISEMAN, RANDALL E.,
Address: 1180 ANNIE ST
City-St-Zip: MT. DORA, FL 32757

Title: PD () Delete
Name: WISEMAN, LU ANNE C.,
Address: 1180 ANNIE ST
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: LUANNE C. WISEMAN

PD

01/04/2006

Electronic Signature of Signing Officer or Director

Date