2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# F96000001661

Entity Name: BLACKBELT ACADEMIES, INC.

Current Principal Place of Business:

5043 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

1400 MILLCOE ROAD
JACKSONVILLE, FL 32225

Current Mailing Address:

5043 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

1400 MILLCOE ROAD
JACKSONVILLE, FL 32225

FEI Number: 59-3340409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, WILLIAM G
5043 MARINERS POINT DR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

CREGO, DEBBIE
PO BOX 16952
JACKSONVILLE, FL 32225 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: DEBBIE CREGO 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCST ( ) Delete
Name: CLARK, WILLIAM G II
Address: 5043 MARINERS POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV ( ) Delete
Name: CLARK, WILLIAM G II
Address: 5043 MARINERS POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCST (X) Change ( ) Addition
Name: CLARK, WILLIAM G II
Address: 1400 MILLCOE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV (X) Change ( ) Addition
Name: CLARK, WILLIAM G II
Address: 1400 MILLCOE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM CLARK PRES 04/28/2004
Electronic Signature of Signing Officer or Director Date