

FILED
Jul 07, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97488 1. Entity Name FAMILY TAE KWON-DO & FITNESS CENTER, INC.	
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Principal Place of Business 1272 SARNO RD MELBOURNE, FL 32935 US	Mailing Address 1272 SARNO RD MELBOURNE, FL 32935 US
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U00000568388
07/07/06-20006-020 150.00



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2226181	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCCARTHY, ROBERT J 3476 FLORIDA PALM AVE MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

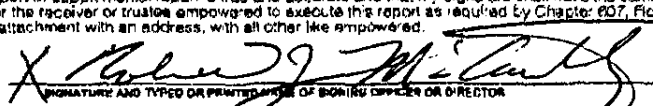
SIGNATURE: _____ DATE: _____
Signature type or print name of registered agent and type if applicable (NOTE: Registered Agent signature required when not filing)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP MCCARTHY, ROBERT J 3476 FLORIDA PALM AVE MELBOURNE, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____