

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059526

Entity Name: TAI-CHI ARNIS.COM LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

1801 S TREASURE DRIVE #317
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

6880 ABBOTT AVE SUITE 302
MIAMI BEACH, FL 33141

Current Mailing Address:

P.O. BOX 414515
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 76-0782483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLINARO, SHANE P
1801 S TREASURE DRIVE #317
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

MOLINARO, SHANE P MGRM
P.O.B. 414515
MIAMI BEACH, FL 33141 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: SHANE P. MOLINARO

02/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MOLINARO, SHANE P
Address: P.O. B 414515
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: MOLINARO, SHANE
Address: 1801 S TREASURE DRIVE #317
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP () Delete
Name: PALAU, ALEJANDRA
Address: P.O.B 414515
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: BELL, DEBRA
Address: 12083 KIRKWOOD RD.
City-St-Zip: HERALD, CA 95638

Title: HR () Delete
Name: OHLEMACHER, CAROL
Address: P.O.B 35
City-St-Zip: HEREFORD, AZ 85615

Title: D () Delete
Name: BAILY, CHAD
Address: P.O.B. 414515
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: COHEN, JORDAN
Address: 5031 NORTH 36 CT.
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP (X) Change () Addition
Name: MOLINARO, PAT
Address: 1-THIRD AVE. UNIT #811
City-St-Zip: CARNEGIE, PA 33141

Title: S (X) Change () Addition
Name: PALAU, ALEJANDRA
Address: P.O.B 414515
City-St-Zip: MIAMI BEACH, FL 33141

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHANE P. MOLINARO

MGRM

02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date