2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Aug 03, 2007 08:00 Al Secretary of State

DOCUMENT # N0300006893 1. Entity Name REIGNING GRANDMASTER OF CHUNG TOMG YUDO, INC.	

Principal Place of Business

4409 HOFFNER AVE.

SUITE 327 ORLANDO, FL 32812 Mailing Address

4409 HOFFNER AVE. SUITE 327 ORLANDO, FL 32862



07302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 61-1455452 Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

				<u> </u>
6. Name and	Addr ess of	Current Re	gistered	Agent

JOSEPH F. OOHHOLLY, II

CONNOLLY, JOSEPH F II 4218 ARAJO COURT BELLE ISLE, FL 32812

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29 July 2007

the obligati	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida	. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and tills	e il explicable. (NOTE: Registered Ap	jent skinature	required when reinstating)		DATE
Di	Filing Fee is \$61,25 ue by September 14, 2007	Election Campaign Financia Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS	, ,		<u> </u>	in the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOLLY, DONNA C 4218 ARAJO COURT BELLE ISLE, FL 32812			08.	.000000771319 .703/07-80002-(004 61,25
TITLE NAME STREET ADORESS CITY-ST-ZIP	D CONNOLLY, JOSEPH F II 4218 ARAJO COURT BELLE ISLE, FL 32812				and the second and the second	t to the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURGADO, AMAURY 602 REGENCY WAY KISSIMMEE, FL 34758				NOT WF	namento de la Constitución de la Co NTE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ICE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• •	:		A A A A A A A A A A A A A A A A A A A
TITLE NAME STREET ADDRESS CITY-ST-ZP				entro en en esperaje de	· · · · · · · · · · · · · · · · · · ·	
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers to the control of the receiver or trustee empowers.	filing does not qualify for the exem- and accurate and that my signatured ad to execute this report as required	ptions cor shall have by Chap	ntained in Chapter 11 ve the same legal effe ter 617, Florida Statut	9, Florida Statutes. I furt ct as if made under oath es; and that my name ap	her certify that the informatical; that I am an officer or direction pears in Block 10 or Block 11

Divertor