

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009147

FILED
Sep 07, 2005
Secretary of State

Entity Name: VIKTORY GYMNASTICS, INC.

Current Principal Place of Business:

6606 KINGSPORTE PARKWAY
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6606 KINGSPORTE PARKWAY
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 90-0119266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, JULIE
6606 KINGSPORTE PARKWAY
ORLANDO, FL 32819 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, JULIE PRES.
Address: 7401 SUGAR BEND DR.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: WATSON, KARL
Address: 1624 MERCY DR.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: WATSON, MACEY
Address: 7401 SUGAR BEND DR.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATSON, JULIE PRES.
Address: 5518 ARNOLD PALMER DR., APT. 1238
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Change () Addition
Name: WATSON, KARL
Address: 3900 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: WATSON, MACEY
Address: 5518 ARNOLD PALMER DR., APT. 1238
City-St-Zip: ORLANDO, FL 32811

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

SIGNATURE: JULIE WATSON

D

09/07/2005

Electronic Signature of Signing Officer or Director

Date