

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 013 ****61.25

DOCUMENT # N03000009147
1. Entity Name
VIKTORY GYMNASTICS, INC.



Principal Place of Business Mailing Address
6606 KINGSPORTE PARKWAY **6606 KINGSPORTE PARKWAY**
ORLANDO FL 32819 **ORLANDO FL 32819**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
90-0119266 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WATSON, JULIE
6606 KINGSPORTE PARKWAY
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name **Macey Watson**
Street Address (P.O. Box Number is Not Acceptable) **6606 Kingspointe Parkway**
City **Orlando** FL Zip Code **32819**

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 *Macey Watson* DATE **1/29/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, JULIE PRES.	
STREET ADDRESS	5518 ARNOLD PALMER DR., APT. 1238	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATSON, KARL	
STREET ADDRESS	3900 WEST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, MACEY	
STREET ADDRESS	5518 ARNOLD PALMER DR., APT. 1238	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 changes approved.

SIGNATURE *Macey Watson* (Macey Watson) 1/29/06 (407) 226-8900