2006 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT May 03, 2006 08:00 AM Secretary of State DOCUMENT # N04000004174 A. Entily Name IT IS REAL WRESTLING CLUB, CORP Principal Place of Business Mailing Address CORAL REEF SENIOR HIGH SCHOOL 14420 SW 166 TERR 10101 SW 152 ST MIAMI, FL 33177 MIAMI, FL 33157 04292006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1191576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, LUDGARDY DO NOT WRITE 14420 SW 166 TERR MIAMI, FL 33177 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent Signature, typed or orinted name of registered agent and like if applicable (NOTE, Registered Agent signature required which reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Func Contribution. Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS Tell F NAME GONZALEZ, LUDGARDY STREET ADDRESS 14420 SW 166 TERR CITY-51-719 MIAMI, FL 33177 U00000561769 N5/19/06-80028-013 61.25 Hitte NAME STREET ADDRESS CITY-ST- AP itieE NAM: STREET ADDRESS DO NOT WRITE CITY-SI-AP HILE IN THIS SPACE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 list yie 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 of the an address with all other like empowered.

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CHY-SI-ZP TOTALE NAME STREET ADDRESS CHY-ST-ZP

NAME STREET ADDRESS CITY-SI-AP

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Claylone Phone #