
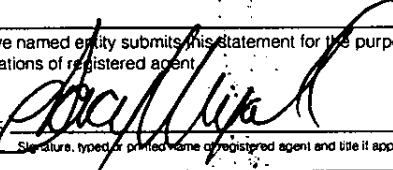
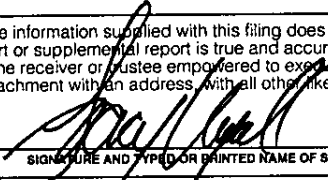


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90027 017 \*\*\*\*61.25

<b>DOCUMENT # N04000004995</b> 1. Entity Name <b>NORTH FLORIDA SCHOOL OF AIKIDO, INC.</b>					
Principal Place of Business <b>1127 W ORANGE AVE TALLAHASSEE, FL 32308</b>			Mailing Address <b>1127 W ORANGE AVE TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>913 Alliegood Ct</b>  Suite, Apt. #, etc.			
City & State  		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>20-2881154</b>	
Zip 		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOORE, RICHARD W 2011 DELTA BLVD TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name <b>Tracy W. Wujcik</b> Street Address (P.O. Box Number is Not Acceptable) <b>913 Alliegood Ct</b>  City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>		
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 		<b>Tracy W. Wujcik</b>		<b>2-07-06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WUJCIK, TRACY</b> <b>913 ALLIGOOD CT</b> <b>TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, RICHARD</b> <b>211 RHODEN COVE RD</b> <b>TALLAHASSEE, FL 32310</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 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 like empowered.					
<b>SIGNATURE:</b> 		<b>Tracy W. Wujcik</b>		<b>2-07-06</b> (850) 386-4339 <small>Date Daytime Phone #</small>	