

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006263

FILED
Apr 19, 2006
Secretary of State

Entity Name: INTERNATIONAL LEAGUE OF MARTIAL ARTISTS, INC.

Current Principal Place of Business:

11681 49TH ST. N UNIT 13
PINELLAS, FL 33762

New Principal Place of Business:

Current Mailing Address:

11681 49TH ST. N UNIT 13
PINELLAS, FL 33762

New Mailing Address:

FEI Number: 86-1141596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, DAVID
11681 49TH ST. N UNIT 13
PINELLAS, FL 33762 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: P () Delete
Name: SCHULTZ, DAVID
Address: 8919 HANNIGAN COURT
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: CRAINE, DAVID
Address: 1486 DARTMOUTH DR.
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: SCHULTZ, SALWA
Address: 1486 DARTMOUTH DR.
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: CRAINE, PATRICIA
Address: 1486 DARTMOUTH DR.
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: AYOUB, IBRAHIM
Address: 8806 CHESTERTON PL.
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: AYOUB, DIMA
Address: 8806 CHESTERTON PL
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHULTZ, SALWA
Address: 8919 HANNIGAN CT
City-St-Zip: TAMPA, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID SCHULTZ

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date