2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000006090

Entity Name: CHRISTIAN MARTIAL ARTIST COALITION, INC.

Current Principal Place of Business:

4546 PINE STREET
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

4546 PINE STREET
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 20-5025764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, RICKY
4546 PINE STREET
FRUITLAND PARK, FL 34731 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: ADAMS, RICKY
Address: 4546 PINE STREET
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete
Name: ADAMS, KIMBERLY
Address: 4546 PINE STREET
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete
Name: HOLDEN, JAMES
Address: 4546 PINE STREET
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete
Name: SERRA, FERNANDO
Address: 4546 PINE STREET
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete
Name: HENDERSON, DELAINE
Address: 4546 PINE STREET
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: RICKY ADAMS D 04/30/2009
Electronic Signature of Signing Officer or Director — Date