

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003723

FILED
Apr 26, 2007
Secretary of State

Entity Name: SEAHORSE WRESTLING CLUB, INC.

Current Principal Place of Business:

P.O. BOX 4527
HOLLYWOOD, FL 33083

New Principal Place of Business:

1800 N 27 AVE
HOLLYWOOD, FL 33020

Current Mailing Address:

P.O. BOX 4527
HOLLYWOOD, FL 33083

New Mailing Address:

FEI Number: 65-0571869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, D C
1215 SE 2ND AVE
STE 102
FT LAUD, FL 33316 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: SCHULZ, RON
Address: 1800 N. 27 AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WILLIAMS, STEVE
Address: 7435 NW 44 ST., #1202
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: TORRES, JOSEPH
Address: 40001 NW 61ST WAY
City-St-Zip: CORAL WAY, FL 33067

Title: D () Delete
Name: HELD, ALLEN
Address: 4225 WASHINGTON ST
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: RON SCHULZ

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date