2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2006 90201 003 ***150.00
P00000001289
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 20 PM 12: 28

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03132006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000001289

1. Entity Name
MAN-SON-HING MARTIAL ARTS ACADEMY, INC.

Principal Place of Business	Mailing Address
~~8825 CYPRESS HAMMOCK DRIVE~~ TAMPA, FL 33614	8825 CYPRESS HAMMOCK DRIVE TAMPA, FL 33614

2. Principal Place of Business		3. Mailing Address	
3307 W. WATERS Ave		3307 W. WATERS AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa FL		City & State: Tampa FL	
Zip: 33614	Country: Hillsborough	Zip: 33614	Country: Hillsborough

4. FEI Number 59-3618241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAN-SON-HING, CHRISTOPHER E
3307 W. WATERS AVENUE
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAN-SON-HING, CHRISTOPHER E 3307 W. WATERS AVENUE TAMPA, FL 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Man-Son-Hing Janise 3307 W. WATERS AVENUE TAMPA, FL 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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.

SIGNATURE: Christopher Man-Son-Hing Christopher Man-Son-Hing 4-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #