2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P00000104040

Entity Name: KEY WEST SCHOOL OF MARTIAL ARTS, INC.

Current Principal Place of Business:

929 TOPPINO DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1054145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, ALBERT L
926 TRUMAN AVE.
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIEGRIST, MICHAEL
Address: 19688 DATE PALM DR.
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: VPT ( ) Delete
Name: MALPICA, MAURICIO
Address: 1119 ROYAL STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SIEGRIST PRE 04/22/2005

Electronic Signature of Signing Officer or Director Date