
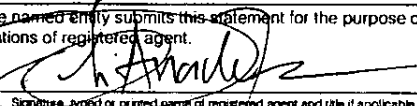
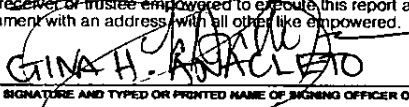


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 035 ***150.00

DOCUMENT # P01000001713 1. Entity Name WORLD TAEKWONDO CENTER, INC.					
Principal Place of Business 6680 LANTANA RD STE 9 LAKE WORTH, FL 33462			Mailing Address 6680 LANTANA ROAD SUITE 9 LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # 6680 LANTANA RD. Suite, Apt. #, etc. 8-10		3. Mailing Address 6680 LANTANA RD. Suite, Apt. #, etc. 8-10			
City & State LAKE WORTH, FL. Zip 33467		City & State LAKE WORTH, FL. Zip 33467		Country PALM BCH.	
4. FEI Number 65-1100885		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FIORIELLO, INC. 3094 JOG ROAD GREENACRES, FL 33463			7. Name and Address of New Registered Agent Name FIORIELLO, INC. Street Address (P.O. Box Number is Not Acceptable) 8461 LAKE WORTH RD. SUITE 183 City LAKE WORTH FL Zip Code 33467		
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  (NOTE: Registered Agent signature required when re-registering) DATE 03/06/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ANACLETO, GINA H 4588 SUBURBAN PINES DR LAKE WORTH, FL 334635212 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  GINA H. ANACLETO President			Date 03/06/07 (561) 434-9700		