


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90050 021 \*\*\*150.00

<b>DOCUMENT # P01000084031</b> 1. Entity Name <b>KARATE PLUS, INC.</b>	
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Principal Place of Business <b>3949 EVANS AVE., #205 FT. MYERS, FL 33901 US</b>	Mailing Address <b>3949 EVANS AVENUE SUITE 403 FT. MYERS, FL 33901 US</b>
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**DO NOT WRITE IN THIS SPACE**

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1135329</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
  
**HAIGHT, MICHAEL  
3949 EVANS AVE., #205 #403  
FT. MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

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 Michael Haight Michael Haight 5/9/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIGHT, MICHAEL 3949 EVANS AVENUE SUITE 403 FORT MYERS, FL 33901
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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: Michael Haight Michael Haight 5/9/07 (239) 541-5999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #