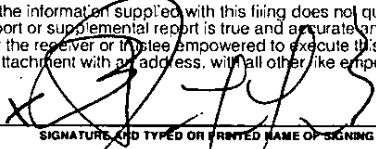


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90224 040 \*\*\*150.00

<b>DOCUMENT # P01000115605</b> 1. Entity Name <b>VSU MARTIAL ARTS, INC.</b>					
Principal Place of Business <b>1021 EAST RD, 540A UNIT 104 LAKELAND, FL 33813</b>			Mailing Address <b>1850 W FAIRBANKS AVE STE B WINTER PARK, FL 32789</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>30-0006685</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KATZ, LAWRENCE H 341 N MAITLAND AVE, STE 120 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent Signature required when transferring)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P <b>VON SCHMELING, SEIGIO 2175 ALOMA AVE WINTER PARK, FL 32792</b>			P <b>VON SCHMELING, SERGIO 1680 OAKHURST AVE. WINTER PARK, FL 32789</b>		
VP <b>YOUNG III, THEODORE P 2175 ALOMA AVE WINTER PARK, FL 32792</b>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
De/ete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
De/ete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
De/ete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
De/ete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
De/ete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/20/2005</b> Daytime Phone: <b>407-740-6747</b>					