## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P01000115605 04-03-2006 90415 028 \*\*\*150.00 VSY MARTIAL ARTS, INC. Principal Place of Business Mailing Address 1021 EAST RD, 540AUNIT 104 1850 W FAIRBANKS AVE 50008823 LAKELAND, FL 33813 STE B WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address 1850 W. Fairbanks Ave 1021 E. County Rd. Suite, Apt. #, etc. 01272006 Chg-P CR2E034 (11/05) Suite B City & State City & State 4. FEI Number Applied For Lakeland Winter 30-0006685 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1850 W. Faikbanks Ave KATZ, LAWRENCE H 341 N MAITLAND AVE, STE 120 MAITLAND, FL 32751 Zip Code 32789 WINTER PARK 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 registerers Signature, luped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change | ☐ Addition ☐ Delete Sergio von Schmeling VON SCHMELING, SEIGIO NAME NAME 1680 OAKHURST AVE 1680 OAKHURST AVE. STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FLB2789 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 rustee 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**