

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90234 032 \*\*\*150.00

**60043458**



04192007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000115605</b> 1. Entity Name <b>VSYS MARTIAL ARTS, INC.</b>					
Principal Place of Business <b>1021 E COUNTY RD 540 A LAKELAND, FL 33813</b>			Mailing Address <b>1021 E COUNTY RD 540 A STE B LAKELAND, FL 33813</b>		
2. Principal Place of Business - No P.O. Box # <b>1850 W. FAIRBANKS AVE</b> Suite, Apt. #, etc. <b>Suite B</b>		3. Mailing Address <b>1850 W. FAIRBANKS AVE</b> Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>WINTER PARK, FL</b>		City & State <b>WINTER PARK, FL</b>			
Zip <b>32789</b>		Country <b>USA</b>		4. FEI Number <b>30-0006685</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SCHMELING, SERGIO V 1850 W FAIRBANKS AVE STE B WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>Von Schmeling, Sergio</b> Street Address (P.O. Box Number is Not Acceptable) <b>1850 W. FAIRBANKS AVE, STE B</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32789</b>		
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 <b>Sergio von Schmeling</b> <b>04/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when re-registering) DATE</small>					
<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</b> 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	<b>P SCHMELING, SERGIO V 1680 OAKHURST AVE WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Von Schmeling, Sergio 305 Turkey Run WINTER PARK, FL 32789</b> <input checked="" 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	
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	
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 line empowered.					
SIGNATURE: <b>Sergio von Schmeling</b> <b>04/19/07</b> <b>407-740-6747</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					