## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000017704

Address:

45 KENNEBUNK ST.

City-St-Zip: ATHOL, MA 01331

Entity Name: THE TAE KWON DO MOO DUK HAE (USA), INC.

FILED Apr 29, 2004 Secretary of State

			•			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
4045 SOUTH DALE MABRY HWY. TAMPA, FL 33611				4021SOUTH DALE MABRY HWY. TAMPA, FL 33611		
Current Mailing Address:			New Mailing	New Mailing Address:		
4045 SOUTH DALE MABRY HWY. TAMPA, FL 33611				4021 SOUTH DALE MABRY HWY. TAMPA, FL 33611		
FEI Number	: 04-3597865	FEI Number Applied For()	FEI Number Not Applica	ble ( ) Certificate of Status Desired	I()	
Name and	d Address of (	Current Registered Agent:	Name and Ad	dress of New Registered Agent:		
LEVENSON, DANIEL S 4045 SOUTH DALE MABRY HWY. TAMPA, FL 33611			4021 SOUTH	LEVENSON, DANIEL S 4021 SOUTH DALE MABRY HWY. TAMPA, FL 33611		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its r	registered office or registered agent, o	or both,	
SIGNATURE: DANIEL S. LEVENSON				04/29/2004		
	Electron	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD ( LEE, JAE H 17707 CURRIE LUTZ, FL 335		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( LAGIMONIERE 45 KENNEBUN ATHOL, MA 01	K ST.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	LEVENSON, D	A MANOR BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD ( GILES, HENRY 7004 COHASS RIVERVIEW, F	ET CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	VD ( LAGIMONIERE	) Delete , NANCY L	Title: Name:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DANIEL S. LEVENSON VSTD 04/29/2004