

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046616	
1. Entity Name	
TORA NO MON MARTIAL ARTS ACADEMY, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5179 MONTFORD CR.		3. Mailing Address Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34606	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2169912	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name EDUARDO CLINGO	
Street Address (P.O. Box Number is Not Acceptable) 5179 MONTFORD CR.	
City SPRING HILL	Zip Code 34606

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDUARDO CLINGO 5179 MONTFORD CR. SPRING HILL FL 34606
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eduardo Clingo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/06 352-585-1600
Date Daytime Phone #