2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90234 023 ***150.00 DOCUMENT # P02000066274 VON SCHMELING TAEKWONDO, INC. 00043467 Principal Place of Business Mailing Address 1850 W. FAIRBANKS AVE 312 E. MICHIGAN ST. ORLANDO, FL 32806 SUITE B WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 30-0108745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VON SCHMELING, SERGIO H 1850 W. FAIRBANKS AVE., STE, B Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 City Zip Code FL 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. Sergio Von Schmeling restricted when reinstating) 01/19/19 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change TITLE Addition Von Schmeling , Seegio VON SCHMELING, SERGIO NAME 305 TURKEY RUN STREET ADDRESS 1680 OAKHURST AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP WINTER PARK , FL. 337 89 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-21P HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] 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 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 execuje this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if

craio Van Schmeling

467-740-6747

Daytims Phone #