

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000111902

1. Entity Name
MCGREGOR'S MARTIAL ARTS, INC.



**FILED
Mar 23, 2005 8:00 am
Secretary of State**

03-23-2005 90025 028 ***150.00

Principal Place of Business
1746 W Colco Way
ORLANDO, FL 32822 US

Mailing Address
7607 PURITAN RD.
ORLANDO, FL 38207 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARINO, MONICA
221 HANGING MOSS DR
OVIDO, FL 32765

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1030061	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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 Monica Marino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGREGOR, SHARALYN 7607 PURITAN RD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, DEBORAH 7607 PURITAN RD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARINO, LOUIS 221 HANGING MOSS DR OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINO, MONICA 221 HANGING MOSS DR OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monica Marino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

407-620-1454

Date

Daytime Phone #