
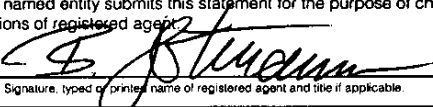
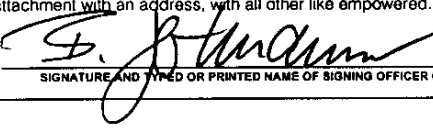


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90835 014 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P02000135546 1. Entity Name ALPHA-INTERNATIONAL MARTIAL ARTS, INC. | | | |  | |
| Principal Place of Business 5800 N. FEDERAL HIGHWAY SUITE #5 BOCA RATON, FL 33487-4008 | | | Mailing Address 5800 N. FEDERAL HIGHWAY SUITE #5 BOCA RATON, FL 33487-4008 | | |
| 2. Principal Place of Business - No P.O. Box # 3601 N Dixie Hwy Suite, Apt. #, etc. 17 | | 3. Mailing Address 3601 N Dixie Hwy Suite, Apt. #, etc. 17 | | | |
| City & State BOCA RATON FL | | City & State BOCA RATON FL | | 4. FEI Number 74-3108293 | |
| Zip 33431 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARTMANN, BERND 5851 HOLMBERG RD APT #3921 PARKLAND, FL 33067 | | | 7. Name and Address of New Registered Agent Name Hartmann, Bernd Street Address (P.O. Box Number is Not Acceptable) 5851 Holmberg Rd Apt # 3622 City Parkland FL Zip Code 33067 | | |
| 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  DATE 04-18-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | PSTD HARTMANN, BERND 5851 HOLMBERG RD APT 3622 PARKLAND, FL 33067 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 like empowered. | | | | | |
| SIGNATURE:  | | Date 04-18-07 Daytime Phone # | | | |