2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000135546 1. Entity Name ALPHA-INTERNATIONAL MARTIAL ARTS, INC.							04-30-20	007 90835 0)14 ***150	0.00	
Principal Place 5800 N. FED SUITE #5 BOCA RATON	ERAL HIGHV	VAY 7-4008	SUITE #5 BOCA RATON, FL 33	5800 N. FEDERAL HIGHWAY Suite #5 Boca Raton, Fl. 33487-4008							
2. Principal P	~ 1	ess - No P.O. Box #	3. Mailing Address 3601 N	3601 N Dixe Hwy							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	CR2E	034 (12/06)		
City & State BOCA RATON FL			City & State	City & State Boca RATON FL			er 8293		<u> </u>	plied For t Applicable	
Zip	Country		Zip Coun 33431		us	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
3343		and Address of Current F		•		7. Name and	Address of N	ew Registered			
HARTMANN, BERND 5851 HOLMBERG RD APT #3921						Name HarTmann, Bernd Street Address (P.O. Box Number is Not Acceptable)					
PARKLAND, FL 33067					5851 Holmberg Rd ApT # 3622						
9 The shave	named entit	y cubmits this statement for	the purpose of changing i	te register	Par	-Kland	th in the State	FL of Florida Lam	Zip Code		
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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added											
10.	0070	OFFICERS AND I		11.		ADDITIONS	CHANGES TO	OFFICERS AN			
TITLE NAME	PSTD Delete III HARTMANN, BERND NA				1			•	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	l	MLBERG RD APT 3622 ND, FL 33067			EET ADDRESS Y-ST-ZIP						
TITLE			☐ Defete					· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS				naa Str	AE EET ADDRESS					ŀ	
CITY-ST-ZIP					r-ST-ZIP .E				☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP			EET ADDRESS Y-ST-ZIP								
THILE			E				Change	Addition			
NAME Street address				NAA STR	EET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Y-ST-ZIP				☐ Change	Addition			
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STREET ADDRESS CITY-ST-ZIP			LEET ADORESS Y-ST-ZIP					:			
TITLE			Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP	certify that th	e information supplied with	this filing does not qualify	for the ex	Y-ST-ZIP kemptions contai	ined in Chapter 11	9, Florida Statu	ites. I further ce	rtify that the in	nformation	
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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Phone #											