


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000034595
 1. Entity Name
UESHIRO SHORIN-RYU KARATE USA, INC.



Principal Place of Business Mailing Address
4000 OCEAN BEACH BOULEVARD **4000 OCEAN BEACH BOULEVARD**
COCOA BEACH, FL 32931 **COCOA BEACH, FL 32931**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1644372	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SCAGLIONE, ROBERT
 4000 OCEAN BEACH BOULEVARD
 COCOA BEACH, FL 32931

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

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	D UESHIRE, HIRO 4 DEVON AVENUE FARMINGTON, NY 11738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DAVID 465 LEXINGTON AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEGER, DAVID RD 1 BOX 252 A WASHINGTON SPRING RD. PALISADES, NY 10964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAGLIONE, ROBERT 4000 OCEAN BEACH BOULEVARD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/15/05-80048-023 150.00

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

SIGNATURE: Robert Scaglione 12 Apr 05 321.799.1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #