

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90264 006 ***150.00

DOCUMENT # P03000034595 1. Entity Name UESHIRO SHORIN-RYU KARATE USA, INC.			
Principal Place of Business 4000 OCEAN BEACH BOULEVARD COCOA BEACH, FL 32931		Mailing Address 4000 OCEAN BEACH BOULEVARD COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box # 6451 BORASCO DR Suite, Apt. #, etc. UNIT 3608 City & State MELBOURNE FL Zip 32940-6158		3. Mailing Address 6451 BORASCO DR Suite, Apt. #, etc. UNIT 3608 City & State MELBOURNE FL Zip 32940-6158	
4. FEI Number 06-1644372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCAGLIONE, ROBERT- 225 SOUTH TROPICAL TRAIL SUITE 703 MERRITT ISLAND, FL 32952-4878		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6451 BORASCO DR UNIT 3608 City MELBOURNE 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. SIGNATURE <u>Robert Scaglione</u> Robert Scaglione PRESIDENT 20 APRIL 2007 <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 D UESHIRE, HIRO 4 DEVON AVENUE FARMINGTON, NY 11738	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D BAKER, DAVID 465 LEXINGTON AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SEEGER, DAVID RD 1 BOX 252 A WASHINGTON SPRING RD. PALISADES, NY 10964	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SCAGLIONE, ROBERT 225 SOUTH TROPICAL TRAIL SUITE 703 MERRITT ISLAND, FL 329524873	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6451 BORASCO DR, UNIT 3608 MELBOURNE, FL 32940-6158	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		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: <u>Robert Scaglione</u> Robert Scaglione 20 APRIL 2007 321-433-1533 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			