2007 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver or the changed, or on an attachment with as

SIGNATURE

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # P04000005202** 04-27-2007 90234 034 ***150.00 1. Entity Name BELIEF MARTIAL ARTS INC. Principal Place of Business Mailing Address 1850 W FAIRBANKS AVE 2441 S HIAWASSEE RD **STE 11** STE B WINTER PARK, FL 32789 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc CR2E034 (12/06) 04192007 Chg-P Applied For City & State 4 FEI Number City & State 81-0638116 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent von <u>Schmeling</u> SCHMELING, SERGIO V Street Address (P.O. Box Number is Not Acceptable 1850 W FAIRBANKS AV 1850 W. FAIRBANKS AUE. STF B WINTER PARK, FL 32789 City WINTER PARK 210 Cope 59 The above named entity submits this statement to 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 region ed agent. Sergio Van Schmeling SIGNATURE egistered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NÓWIII FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Channe Addition TITLE Von Schmeling, Scegio VON SCHMELING, SERGIO 1680 OAKHURST AVE STREET ADDRESS STREET ADDRESS 305 TURKOU WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Detete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 troutee 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 ke empowered.

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RINTED NAME OF SIGNING OFFICER OF