2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P0400005202

1. Entity Name BELIEF MARTIAL ARTS INC.



Principal Place of Business

2441 S HIAWASSEE RD

STE 11 ORLANDO, FL 32835 Mailing Address

1850 W FAIRBANKS AVE STE B

WINTER PARK, FL 32789

FILED Apr 07, 2008 08:00 A Secretary of State



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CR2E034 (11/05) No Chg-P 04022008

4. FEI Number 81-0638116 Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SCHMELING, SERGIO V 1850 W FAIRBANKS AV STE B WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE VON SCHMELING, SERGIO NAME STREET ADDRESS 305 TURKEY RUN WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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 cath, 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 in particular and address, with all effect like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR