

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90234 031 \*\*\*150.00

<b>DOCUMENT # P04000005251</b> 1. Entity Name <b>YES I CAN MARTIAL ARTS INC.</b>					
Principal Place of Business <b>1445 DUFF RD LAKELAND, FL 33810</b>			Mailing Address <b>1850 W FAIRBANKS AVE STE. B WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box # <b>1445 Duff Drive</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b>		City & State			
Zip <b>33815</b>	Country <b>USA</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SCHMELING, SERGIO V 1850 W FAIRBANKS AVE STE B WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name <b>Von Schmeling</b> Street Address (P.O. Box Number is Not Acceptable) <b>1850 W. FAIRBANKS AVE., STE B</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>	
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 <b>Sergio Von Schmeling</b> <b>04/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>VON SCHMELING, SERGIO</b> <input type="checkbox"/> Delete <b>1680 OAKHURST AVE</b> <b>WINTER PARK, FL 32789</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Von Schmeling, Sergio</b> <b>305 Turkey Run</b> <b>WINTER PARK, FL 32789</b>	
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	
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	
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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: <b>Sergio Von Schmeling</b> <b>04/19/07</b> <b>407-740-6747</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					