2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # P04000005251** 1. Entity Name YES I CAN MARTIAL ARTS INC. Mailing Address Principal Place of Business 1850 W FAIRBANKS AVE 1445 DUFF RD LAKELAND, FL 33815 WINTER PARK, FL 32789 04022008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 81-0638112 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHMELING, SERGIO V 1850 W FAIRBANKS AVE STE B IN THIS SPACE WINTER PARK, FL 32789 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VON SCHMELING, SERGIO U00000883318 STREET ADDRESS 305 TURKEY RUN 04/16/08-80076-003 150.00 CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-7IP TITLE

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 truetee 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 attact print with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED