

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000020456

1. Entity Name
RED DRAGON KENPO KARATE INC.



Principal Place of Business
18070 S TAMIAMI TRAIL
UNIT 6F
FORT MYERS, FL 33908 US

Mailing Address
13185 BROOKSHIRE LAKE BOULEVARD
FORT MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE



05092008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0604536 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASAMENTO, STEVEN J
13185 BROOKSHIRE LAKE BLVD
FORT MYERS, FL 33912

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000951167
 06/04/08-80021-020 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | D |
| NAME | CASAMENTO, STEVEN J |
| STREET ADDRESS | 13185 BROOKSHIRE LAKE BOULEVARD |
| CITY - ST - ZIP | FORT MYERS, FL 33912 |
| TITLE | D |
| NAME | CASAMENTO, KARIYANN |
| STREET ADDRESS | 13185 BROOKSHIRE LAKE BOULEVARD |
| CITY - ST - ZIP | FORT MYERS, FL 33912 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

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: Kariyann Casamento Director 5/9/08 239-565-3591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kariyann Casamento