


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90209 017 ***150.00

DOCUMENT # P05000066577 1. Entity Name BLACK BELTS FOR CHRIST, INC.			
Principal Place of Business 10221 GALLIARD BLVD ORLANDO, FL 32821		Mailing Address 10221 GALLIARD BLVD ORLANDO, FL 32821	
2. Principal Place of Business 405 CHESHIRE WAY <small>Suite, Apt. #, etc.</small>		3. Mailing Address 405 CHESHIRE WAY <small>Suite, Apt. #, etc.</small>	
City & State DAVENPORT, FLORIDA <small>Zip</small> 33897 <small>Country</small> USA		City & State DAVENPORT, FL <small>Zip</small> 33897 <small>Country</small> USA	
4. FEI Number 20-2796855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREJON, MARTHA Y 10221 GALLIARD BLVD ORLANDO, FL 32821		7. Name and Address of New Registered Agent Name MARTHA Y. MOREJON Street Address (P.O. Box Number is Not Acceptable) 405 CHESHIRE WAY City DAVENPORT FL <small>Zip Code</small> 33897	
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 <u><i>Martina Morejon</i></u> 4/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P MOREJON, MARTHA Y 10221 GALLIARD BLVD 405 CHESHIRE WAY ORLANDO, FL 32821 DAVENPORT, FL 33897	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: <u><i>Martina Morejon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/06 <small>Date Daytime Phone #</small>	