
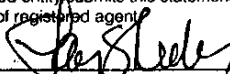



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90006 006 ***158.75

DOCUMENT # P05000078525					
1. Entity Name JACKSONVILLE BRAZILIAN JIU-JITSU INC.					
Principal Place of Business 1089 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233			Mailing Address 1089 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 1475 Atlantic Blvd		3. Mailing Address 1475 Atlantic BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Neptune Beach FL		City & State Neptune Beach, FL		4. FEI Number 07-0126405	
Zip 32266	Country USA	Zip 32266	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEALY, LARRY 1089 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name LARRY SHEALY Street Address (P.O. Box Number is Not Acceptable) 1475 Atlantic BLVD City Neptune Beach FL Zip Code 32266		
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 9/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEALY, LARRY 1089 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LARRY SHEALY 1475 Atlantic BLVD. NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEALY, GAIL 1089 ATLANTIC BLVD SUITE 4 ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GAIL SHEALY 1475 Atlantic BLVD NEPTUNE BEACH, FL 32266	<input checked="" 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: 		LARRY SHEALY		9/7/06 904-612-6076	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	