

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083219

FILED  
May 01, 2009  
Secretary of State

Entity Name: RISING STARS GYMNASTICS, INC.

## Current Principal Place of Business:

294 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

1088 S. ROGERS CIR  
BOCA RATON, FL 33487

## Current Mailing Address:

294 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

1088 S. ROGERS CIR  
BOCA RATON, FL 33487

FEI Number: 20-2985152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARTINE, MARCY  
294 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: MARTINE, MARCY  
Address: 294 PONCE DE LEON ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D,VP ( ) Delete  
Name: MARTINE, JIM  
Address: 5851 HOLMBERG RD #105  
City-St-Zip: PARKLAND, FL 334067

Title: D,S ( ) Delete  
Name: WILLMOTT, JULIE  
Address: 10296 BROOKVILLE LANE  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE WILLMOTT

D, S

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date