


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000166180**  
1. Entity Name  
PHILLIPS KARATE ACADEMY, INC.



Principal Place of Business  
8717-3 LITTLE RD.  
NEW PORT RICHEY, FL 34654

Mailing Address  
8717-3 LITTLE RD.  
NEW PORT RICHEY, FL 34654



04052008 - No Chg-P - CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4098923

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, KIOK  
8717-3 LITTLE RD.  
NEW PORT RICHEY, FL 34654

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000892978  
04/23/08-80085-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PHILLIPS, KIOK 8717-3 LITTLE RD. NEW PORT RICHEY, FL 34654
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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: [Signature] 4-8-08 (727) 534-1190

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