2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # P06000038572 1. Entity Name JONG'S TAE KWON DO, INC.							90370 024 ***15	50.00
Principal Place of Business 2501 RIVERSIDE DRIVE APT. #506 CORAL SPRINGS, FL 33065 US		Mailing Address 2501 RIVERSIDE DRIVE APT. #506 CORAL SPRINGS, FL 33065 US			400	3400-		
		3. Mailing Address						
2. Principal Place of Business - No P.O Box #		3. Mailing Address						
9245 Rambelwood Dr #1221 — Coral Springs, FL 33071		9245 Rambelwood Dr #122 Coral Springs, FL 33071		221 _	03092007 4. FEI Numb	Chg-P	<u></u>	pplied For
Zip	Country	Zip Country		.		of Status Desired	□ \$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	Fee Require	ed
VEO ION	C S		Name	_		-le		
YEO, JONG S 2501 RIVERSIDE DRIVE APT. #506 CORAL SPRINGS, FL 33065				Yeo, Jong Seok 9245 Rambelwood Dr #1221 Coral Springs, FL 33071				
CORALS	7KINGS, FE 33005 .		City	Cor	al Springs	, 1 L 330 · ·	FI Zip Cod	ie
8. The above	named entity submits this statement for	registered office of	r register	ed agent, or bo	th, in the State of Flor		, and accept	
the obligations of registered agent. SIGNATURE Signature, typed or printed pame of registered agent and title if applicable (NOTE Registered Agent signature required when reunstainry) ANOTE Registered Agent signature required when reunstainry)								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May.Be ed to Fees			
10.	OFFICERS AND		11.	C		CHANGES TO OFFI	CERS AND DIRECTOR	
NAME STREE! ADDRESS CITY-ST-ZIP	YEO, JONG S 2501 RIVERSIDE DRIVE, APT. #506			Y	PreS Change □ Addition 1 dec, Jong Seok 245 Rambelwood Dr #1221			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS, FL 33065	☐ Delete	CITY-SI-ZIP TITLE SE NAME STREET ADORESS CITY-SI-ZIP	- Co	oral Sprin	gs, FL 33071	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	Addition
12 I hereby c	ertify that the information supplied with	this filing doos not qualify for	the exemptions of	ontainea	in Chanter 110	Florida Statutos I fi	urther certify that the in	oformation

I nereby certify that the information supplied with first hilling 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: X