2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049848

FILED Jan 17, 2007 Secretary of State

Entity Name: UNITED MARTIAL ARTS OF NORTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 6180-9 FORT CAROLINE ROAD JACKSONVILLE, FL 322772069 **Current Mailing Address: New Mailing Address:** 6180-9 FORT CAROLINE ROAD JACKSONVILLE, FL 322772069 FEI Number: 33-1131303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERCE, JAMES R 6180-9 FORT CAROLINE ROAD JACKSONVILLE, FL 322772069 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PIERCE, JAMES R Name: Name: 6180-9 FORT CAROLINE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 322772069 City-St-Zip: () Delete Title: STD Title: () Change () Addition Name: HIXON, KELLI C Name: 6180-9 FORT CAROLINE ROAD Address: Address: JACKSONVILLE, FL 322772069 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLI C. HIXON STD 01/17/2007