


2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2008 90146 026 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000006176	
1. Entity Name CHOE'S MARTIAL ARTS, INC.	

Principal Place of Business 1020 W. EAU GALLIE BLVD D MELBOURNE, FL 32935	Mailing Address 1020 W. EAU GALLIE BLVD D MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box # 3111 SKYWAY CIR Suite, Apt. #, etc. UNIT 107	3. Mailing Address 3111 SKYWAY CIR. Suite, Apt. #, etc. UNIT 107
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City & State MELBOURNE, FL Zip 32934 Country	City & State MELBOURNE, FL Zip 32934 Country
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04262008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8223883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER'S BUSINESS GROUP, INC. 676 CHEROKEE AVE MELBOURNE, FL 32935	7. Name and Address of New Registered Agent Name BRINN HALL Street Address (P.O. Box Number is Not Acceptable) 1730 MONROVIA ST City PALM BAY FL 32907 Zip Code 32907
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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 Brian H Hall Brian Hall President 4-28-08
Signature, typed or printed name of registered agent and title if applicable (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, BRIAN H 1730 MONROVIA STREET PALM BAY, FL 32907 <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	VP HALL, NICOLE M 1730 MONROVIA STREET PALM BAY, FL 32907 <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 R&B empowered.

SIGNATURE: Brian Hall 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #