


FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90024 050 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000013925			
1. Entity Name MARTIAL SPORT NUTRIMENTS, INC.			
Principal Place of Business 424 E. CENTRAL BLVD #106 ORLANDO, FL 32801 US		Mailing Address 4305 STATE BRIDGE RD STE 103-17 ALPHARETTA, GA 30022 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SZAFRICKS, IMRE 424 E. CENTRAL BLVD #106 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name IMWORLD SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106 City ORLANDO FL Zip Code 32801	
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  IMRE SZAFRICKS, CEO DATE 2/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  LAJOS SZANTO 5/02/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	