2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000024062

Entity Name: WORLD CHAMPIONSHIP TAEKWONDO INC.

FILED Oct 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12801 COMMONWEALTH DR. 12801 COMMONWEALTH DR. #15 FORT MYER, FL 33913 US FORT MYERS, FL 33913 US

Current Mailing Address: New Mailing Address:

3709 SW 19 PLACE 11072 YELLOW POPLAR DR CAPE CORAL, FL 33914 US FORT MYERS, FL 33913 US

FEI Number: 20-8512616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVER, TOBY
3709 SW 19 PLACE
CAPE CORAL, FL 33914 US
OLIVER, TOBY
11071 YELLOW POPLAR DR
FORT MYERS, FL 33913 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: TOBY OLIVER 10/27/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 () Delete
 Title:
 MR () Change (X) Addition

 Name:
 Name:
 OLIVER, TOBY OWNER

 Address:
 Address:
 11072 YELLOW POPLAR DR

 City-St-Zip:
 FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify 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: TOBY OLIVER CEO 10/27/2009