

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033390

FILED
Jul 12, 2008
Secretary of State

Entity Name: WINSTON MARTIAL ARTS INSTITUTES INC

Current Principal Place of Business:

4040 NW 90TH WAY
SUNRISE, FL 33351

New Principal Place of Business:

4056 NW 92ND AVE
SUNRISE, FL 33351

Current Mailing Address:

4040 NW 90TH WAY
SUNRISE, FL 33351

New Mailing Address:

4056 NW 92ND AVE
SUNRISE, FL 33351

FEI Number: 55-0897687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSTON, ROBERT C
4040 NW 90TH WAY
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

WINSTON, ROBERT C
4056 NW 92ND AVE
SUNRISE, FL 33351 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:

07/12/2008

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:

Title: P () Delete
Name: WINSTON, ROBERT C
Address: 4040 NW 90TH WAY
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: WINSTON, SADDIA R
Address: 4040 NW 90TH WAY
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WINSTON, ROBERT C
Address: 4056 NW 92ND AVE
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: WINSTON, SADDIA R
Address: 4056 NW 92ND AVE
City-St-Zip: SUNRISE, FL 33351

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: ROBERT C WINSTON

P

07/12/2008

Electronic Signature of Signing Officer or Director

Date