

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054490

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ACADEMY OF MARTIAL ARTS TRAINING CENTER, INC.

**Current Principal Place of Business:**

8013 SAN VISTA CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

7765 PRESERVE LANE  
1  
NAPLES, FL 34119

**Current Mailing Address:**

8013 SAN VISTA CIRCLE  
NAPLES, FL 34119

**New Mailing Address:**

28901 TRAILS EDGE BLVD  
205  
BONITA SPRINGS, FL 34134

**FEI Number:** 27-2954871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMILTON, DEBBIE A  
8013 SAN VISTA CIRCLE  
NAPLES, FL 34119 US

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

MINOSKY, STEVE CPA  
28901 TRAILS EDGE BLVD  
205  
BONITA SPRINGS, FL 34134 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: STEVE MINOSKY

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAMILTON, DEBBIE A  
Address: 28901 TRAILS EDGE BLVD  
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE HAMILTON

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date