

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90228 043 ***150.00

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03312005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000014745
 1. Entity Name
VONSCHMELING TAEKWONDO FAMILY CENTER, INC.



Principal Place of Business
**2175 ALOMA AVENUE
 WINTER PARK, FL 32792**

Mailing Address
**1850 W. FAIRBANKS AVE., STE B
 WINTER PARK, FL 32789 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3171543

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VONSCHMELING, SERGIO
 2175 ALOMA AVENUE
 WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent
 Name **VON SCHMELING, SERGIO**
 Street Address (P.O. Box Number is Not Acceptable)
1680 OAKHURST AVE.
 City **WINTER PARK** FL Zip Code **32789**

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 *[Signature]* DATE **4/20/2005**

Signature typed or printed in name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON SCHMELING, SERGIO 2175 ALOMA AVE. WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON SCHMELING, SERGIO 1680 OAKHURST AVE. WINTER PARK, FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a, other, like empowered.

SIGNATURE: *[Signature]* DATE **4/20/2005** **407-740-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Phone #