

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


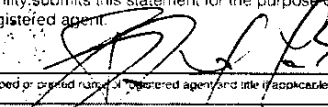
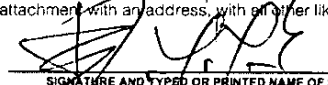
**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90234 022 \*\*\*150.00

60043468



04192007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000014745</b>					
1. Entity Name <b>VONSCHMELING TAEKWONDO FAMILY CENTER, INC.</b>					
Principal Place of Business <b>2175 ALOMA AVENUE WINTER PARK, FL 32792</b>			Mailing Address <b>1850 W. FAIRBANKS AVE. SUITE B WINTER PARK, FL 32789 US</b>		
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	4. FEI Number <b>59-3171543</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VONSCHMELING, SERGIO 1850 WEST FAIRBANKS AVE SUITE B WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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				Sergio Von Schmeling 04/19/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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		
TITLE	D	VON SCHMELING, SERGIO	<input type="checkbox"/> Delete	TITLE	P
NAME		VON SCHMELING, SERGIO		NAME	Von Schmeling, Sergio
STREET ADDRESS		1680 OAKHURST AVE		STREET ADDRESS	305 Turkey Run
CITY-ST-ZIP		WINTER PARK, FL 32789		CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:				Sergio Von Schmeling 04/19/07 407-740-6747	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	