
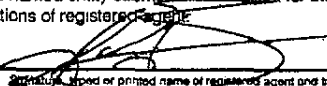



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000030046</b> 1. Entity Name <b>UNITED STATES SHIM SHIN-DO MARTIAL ARTS FEDERATION INC.</b>		
Principal Place of Business <b>1550 MCMULLEN BOOTH RD F-5 CLEARWATER, FL 33759 US</b>		Mailing Address <b>1550 MCMULLEN BOOTH RD F-5 CLEARWATER, FL 33759 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04292005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3232950</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>BARRIGA, SERGIO G P 1550 MCMULLEN BOOTH RD SUITE F-5 CLEARWATER, FL 33759</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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  (NOTE: Registered Agent signature required when reconstating) DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARRIGA, SERGIO G 1550 MCMULLEN BOOTH RD #F-5 CLEARWATER, FL 33759</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BARRIGA, BARBARA 1550 MCMULLEN BOOTH RD #F-5 CLEARWATER, FL 33579</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE:  <b>Sergio Barriga</b>		Date <b>4/29/05</b> Daytime Phone #