

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005206

FILED
Apr 30, 2005
Secretary of State

Entity Name: TRADITIONAL MARTIAL ARTS CENTER, INC.

Current Principal Place of Business:

2220 HEMPEL AVE.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

374 LAKEVIEW ST
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3221911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, SUSAN
374 LAKEVIEW ST
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, SUSAN
Address: 374 LAKEVIEW ST
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: SNELL, EDDIE
Address: 9625 PINE ISLAND RD
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: WATSON, FRANK
Address: 2611 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: WATSON, BECKY
Address: 2611 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: MALONE, JON
Address: 8627 WILLOW KANE CT
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: VELDE, JENNIFER H
Address: 374 LAKEVIEW ST.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN JACKSON

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date