2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005206

MALONE, JON

ORLANDO, FL

8627 WILLOW KANE CT

Name:

Address:

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

Entity Name: TRADITIONAL MARTIAL ARTS CENTER, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2220 HEM WINTER G	PEL AVE. BARDEN, FL	34787					
Current Mailing Address:				New Mailing Address:			
374 LAKE\ ORLANDO	VIEW ST), FL 32804	US					
FEI Number:	: 59-3221911	FEI Number Applied Fo	or () FEI Nu	mber Not Appl	icable ()	Certificate of Status Desired	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JACKSON 374 LAKEN ORLANDO		US					
	named entity e of Florida.	submits this statement	for the purpose	of changing i	ts registered	d office or registered agent, o	or both,
SIGNATUR	RE:						
	Electro	onic Signature of Regist	ered Agent			Date	
Election Car	npaign Financi	ng Trust Fund Contributior	ı ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (JACKSON, SI 374 LAKEVIE ORLANDO, F	W ST		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (SNELL, EDDI 9625 PINE IS CLERMONT,	LAND RD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (WATSON, FR 2316 BLACK, OCOEE, FL	IACK OAK ST		Title: Name: Address: City-St-Zip:	MARN, ROB 1366 WOOD		
Title: Name: Address: City-St-Zip:	T (WATSON, BE 2316 BLACK, OCOEE, FL	JACK OAK ST		Title: Name: Address: City-St-Zip:	T SCHMIDT, B 333 HARBOI ORLANDO, I	R POINT RD	
Title:	S () Delete		Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

MANNELLA, CINDY

408 ENGLISH LAKE DR.

WINTER GARDEN, FL 34787

SIGNATURE: SUSAN JACKSON **PRES** 04/25/2008