2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2011
Secretary of State

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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

OFFICERS AND DIRECTORS:

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

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

Title: V
Name: MARN, ROBERT L JR
Address: 1366 WOODBINE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T
Name: SCHMIDT, BRIAN
Address: 333 HARBOR POINT RD
City-St-Zip: ORLANDO, FL 32835

Title: S
Name: MANNELLA, CINDY
Address: 408 ENGLISH LAKE DR.
City-St-Zip: WINTER GARDEN, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: SUSAN JACKSON PRES 05/03/2011

Electronic Signature of Signing Officer or Director Date