

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

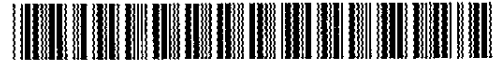
DOCUMENT # P95000079575

1. Entity Name  
 CLEARWATER KARATE, INC.



Principal Place of Business  
 2565 COUNTRYSIDE BLVD., SUITE 2  
 CLEARWATER, FL 34621

Mailing Address  
 221 W GRAND AVE  
 MONTVALE, NJ 07645



07162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3339688	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HELLMAN, GARY  
 2565 COUNTRYSIDE BLVD., SUITE 2  
 CLEARWATER, FL 34621

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

00000168403  
 07/26/04-80012-009 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHULMANN, DANIEL 2565 COUNTRYSIDE BLVD., SUITE 2 CLEARWATER, FL 34621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELLMAN, GARY 2565 COUNTRYSIDE BLVD., SUITE 2 CLEARWATER, FL 34621
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/20/04  
 Daytime Phone #: 201-476-9600