


FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90297 003 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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

50051079



05062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3339688

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

SIGNATURE: Michael Saeud MICHAEL SAEUD CFO 201-476-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #