


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000079575</b> 1. Entity Name <b>CLEARWATER KARATE, INC.</b>	
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**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>2565 COUNTRYSIDE BLVD., SUITE 2</b> <b>CLEARWATER, FL 34621</b>	Mailing Address <b>485 BOULEVARD</b> <b>ELMWOOD PARK, NJ 07407</b>
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07092008    No Chg-P    CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3339688</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. 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 \_\_\_\_\_      U000000956031  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

07/22/08-80015-016 150.00

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

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	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_      7/11/08      201-797-2177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #