FILED
Jun 13, 2007 8:00 am
Secretary of State

05-03-2007 90027 026 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/3

DOCUMENT # P96000048624

1. Entity Name
BENSON'S TAEKWONDO, INC.

66018990

Principal Place of Business	Mailing Address
716 CATHERINE FOSTER LANE JACKSONVILLE, FL 32259 US	716 CATHERINE FOSTER LANE JACKSONVILLE, FL 32259 US

05012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2440 State Road 580		2440 State Road 580	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33761	Country USA	Zip 33761	Country USA

4. FEI Number 59-3389237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CREGO, DEBBIE PO BOX 16952 JACKSONVILLE, FL 32245	Name Debbie Crego Street Address (P.O. Box Number is Not Acceptable) 1821 Parental Home Rd Suite #7 ~~Jacksonville~~ City Jacksonville FL Zip Code 32216

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 Debbie Crego 4-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BENSON, ARLYN R 716 CATHERINE FOSTER LANE JACKSONVILLE, FL 32259	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Benson, Arlyn R 2440 State Road 580 #4 Clearwater FL 33761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLICER, JULIA C 716 CATHERINE FOSTER LANE JACKSONVILLE, FL 32259	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Arlyn R. Benson Arlyn R. Benson 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #