
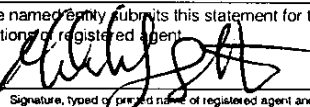
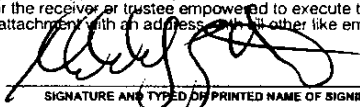


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90368 017 ***150.00

DOCUMENT # P98000004554 1. Entity Name AMERICAN KENPO FAMILY KARATE, INC.					
Principal Place of Business 231 DELPRADO BLVD #7 CAPE CORAL, FL 33990			Mailing Address 742 SOUTHWEST 5TH TERRACE CAPE CORAL, FL 33991		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 25 NW 12TH PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CAPE CORAL		4. FEI Number 65-0817839	
Zip		Zip 33993		Country USA	
6. Name and Address of Current Registered Agent MIRAGLIOTTA, PETER 742 SOUTHWEST 5TH TERRACE CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name Mike Squatrito Street Address (P.O. Box Number is Not Acceptable) 25 NW 12th Place City Cape Coral FL Zip Code 33993	
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 March 5, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD MIRAGLIOTTA, PETER A 742 SOUTHWEST 5TH TERRACE CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mike Squatrito 25 NW 12th PL Cape Coral, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.					
SIGNATURE: 			Date March 5 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		