## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000046603

Title:

Name:

Address:

City-St-Zip:

FILED Apr 17, 2006 Secretary of State

Entity Name: TAMPA BAY MARTIAL ARTS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10520 RIVERVIEW DRIVE RIVERVIEW, FL 33569				2916 S. FALKINBURG RD RIVERVIEW, FL 33569		
Current Mailing Address:			New Maili	New Mailing Address:		
10520 RIVERVIEW DRIVE RIVERVIEW, FL 33569				2916 S. FALKINBURG RD RIVERVIEW, FL 33569		
FEI Number:	59-3484758	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	RVIEW DRIVE	US				
The above in the State		bmits this statement for the pur	rpose of changing it	s registered of	fice or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).					Date	
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						
Title: Name: Address: City-St-Zip:	CEO () D GILES, HENRY W 10520 RIVERVIEV RIVERVIEW, FL	/ W DR	Title: Name: Address: City-St-Zip:	( )(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () D GILES, VIOLETA 10520 RIVERVIEV RIVERVIEW, FL	G PRES. W DRIVE	Title: Name: Address: City-St-Zip:	P (X) GILES, VIOLETA 2916 S. FALKINI RIVERVIEW, FL	BURG RD	
Title: Name: Address: City-St-Zip:	VP () D GILES, JR., HENF 10520 RIVERVIEV RIVERVIEW, FL	RY G VP W DRIVE	Title: Name: Address: City-St-Zip:	VP (X) GILES, JR., HEN 2916 S. FALKINI RIVERVIEW, FL	BURG RD	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ

GILES, JASON G VP

2916 S. FALKINBURG RD

RIVERVIEW, FL 33569

(X) Change ( ) Addition

SIGNATURE: HENRY W. GILES SR. CEO 04/17/2006

() Delete

GILES, JASON G VP

10520 RIVERVIEW DRIVE

RIVERVIEW, FL 33569