2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 17, 2008 08:00 AN Secretary of State DOCUMENT # P98000059632 PALM BEACH SUPER TAE KWON DO, INC. Principal Place of Business Mailing Address 13833 WELLINGTON TRACE, E-9 13833 WELLINGTON TRACE, E-9 WELLINGTON, FL 33414 WELLINGTON, FL 33414 on the company of the day No Chg-P CR2E034 (11/05) 01142008 Applied For 4. FEi Number 65-0856164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required the second of th 6. Name and Address of Current Registered Agent $\|u_1-u_1^{-1}\mu_1^{2}\mu_2^{2}\mu_{-1}\|_{L^{\infty}}^{2}\|h_{\sigma,u_{-1}}\|_{L^{\infty}}$ YOON, MOUNG HEE 13833 WELLINGTON TRACE, E-9 WELLINGTON, FL 33414 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D TITLE ~U00000787206 YOON, MOUNG HEE NAME 13833 WELLINGTON TRACE, E-9 STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE y a line give in go tagair y an agair fage at sanadh, le baile i Le garres Agair a trainn a bhairt a leachtain a bhairte NAME STREET ADDRESS CITY-ST-ZIP TITEF NAME STREET ADDRESS DO NOT WRITE City-SI-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP