


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90124 044 ***150.00

DOCUMENT # P98000101581

1. Entity Name
 TYLER'S TAE KWON DO CENTER, INC.



Principal Place of Business
 15881 S. TAMiami TR., #6
 FT. MYERS, FL 33912

Mailing Address
 15881 S. TAMiami TR., #6
 FT. MYERS, FL 33912

2. Principal Place of Business - No P.O. Box #
 205 JOEL Blvd #300
 Suite, Apt. #, etc.

3. Mailing Address
 205 JOEL Blvd #300
 Suite, Apt. #, etc.
 Lehigh rd - 33936


City & State
 Lehigh ACRES
 FL

Country
 EE

Zip
 33936

Country

40081751



04162008 Chg-P CR2E034 (12/06)

4. FEI Number
 65-0879853

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYLER, DEWEY A
 15881 S. TAMiami TR., #6
 FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

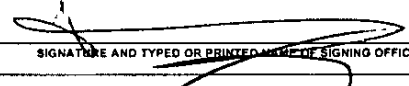
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 D	TYLER, DEWEY A 209 SEATON AVE. LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 4/22/08 209-3021775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR