

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026916

Entity Name: PHAM'S TAE KWON DO, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1111 HOMESTEAD RD N
#25
LEHIGH ACRES, FL 33936

Current Mailing Address:

1111 HOMESTEAD RD N
#25
LEHIGH ACRES, FL 33936

New Principal Place of Business:

3509 LEE BLVD.
#4
LEHIGH ACRES, FL 33971

New Mailing Address:

3509 LEE BLVD.
#4
LEHIGH ACRES, FL 33971

FEI Number: 65-0910397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHAM, VU N
1111 HOMESTEAD RD N
#25
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

PHAM, VU N
3509 LEE BLVD.
#4
LEHIGH ACRES, FL 33971 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHAM, VU N
Address: 1111 HOMESTEAD RD N, #25
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHAM, VU N
Address: 3509 LEE BLVD. #4
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: VU N. PHAM

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date