
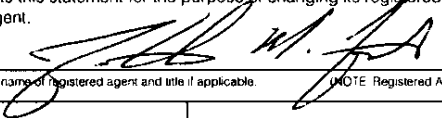
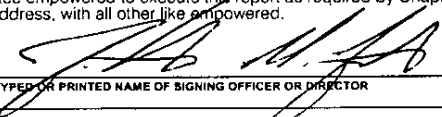


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90163 005 \*\*\*150.00

<b>DOCUMENT # P99000039485</b>					
1. Entity Name SOUTHWEST FLORIDA TAEKWONDO PLUS, INC.					
Principal Place of Business 5371 AIRPORT-PULLING RD N, STORE #C-3 NAPLES, FL 34109			Mailing Address 5371 AIRPORT-PULLING RD N, STORE #C-3 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 1575 Pine Ridge Rd		3. Mailing Address			
Suite, Apt. #, etc. # 12		Suite, Apt. #, etc. (Same)			
City & State Naples, FL		City & State		4. FEI Number 59-3572499	
Zip 34109		Country Colombia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROST, NORMAN C 5371 AIRPORT-PULLING RD N, STORE #C-3 NAPLES, FL 34109			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 4/16/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PVPS	<input type="checkbox"/> Delete	TITLE	P.V.P.S.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, JONATHAN M		NAME	JONATHAN FROST	
STREET ADDRESS	6610 HUNTINGTON LAKES CIR #201		STREET ADDRESS	6610 HUNTINGTON LAKE CIRCLE #201	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, JONATHAN M		NAME		
STREET ADDRESS	6610 HUNTINGTON LAKES CIR 201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 4/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 255-596-2571	