

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096834

FILED
Apr 10, 2005
Secretary of State

Entity Name: NAPLES ACADEMY OF MARTIAL ARTS, INC.

Current Principal Place of Business:

5811 PELICAN BAY BLVD., SUITE 201
NAPLES, FL 34108

New Principal Place of Business:

971 AIRPORT PULLING ROAD
SUITE #2
NAPLES, FL 341046105 US

Current Mailing Address:

5811 PELICAN BAY BLVD., SUITE 201
NAPLES, FL 34108

New Mailing Address:

971 AIRPORT PULLING ROAD
SUITE #2
NAPLES, FL 341046105

FEI Number: 62-1801171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, ARLENE F
5811 PELICAN BAY BLVD., SUITE 201
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

HAMILTON, DEBBIE A
971 AIRPORT PULLING ROAD
SUITE #2
NAPLES, FL 341046105 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: DEBBIE A. HAMILTON

04/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMILTON, DEBBIE A
Address: 2275 INGLEWOOD CT.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARYELLEN SICKLER

CPA

04/10/2005

Electronic Signature of Signing Officer or Director

Date