



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 123903		2. Name of Corporation AMERICAN MARTIAL ARTS & CARDIO KICKBOXING, INC.			
3. Street Address Principal Business Office 3 COMMERCE STREET		City GREENVILLE	State RI	Zip 02828	
4. Business Phone No. 401-949-3594		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island MARTIAL ARTS & CARDIO KICKBOXING INSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AKIM DEMIRIOGLU			Vice President Name		
Street Address 3 COMMERCE STREET			Street Address		
City GREENVILLE	State RI	Zip 02828	City	State	Zip
Secretary Name AKIM DEMIRIOGLU			Treasurer Name AKIM DEMIRIOGLU		
Street Address 3 COMMERCE STREET			Street Address 3 COMMERCE STREET		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 \$1.00 PAR VALUE			51	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 3 9 0 3

File Date
MAR 10 2005

Check No.

By: AKIM DEMIRIOGLU

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

AKIM DEMIRIOGLU 2-16-05
Signature of Officer Date
AKIM DEMIRIOGLU
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 123903		2. Name of Corporation AMERICAN MARTIAL ARTS & CARDIO KICKBOXING, INC.			
3. Street Address Principal Business Office 3 COMMERCE STREET		City GREENVILLE	State RI	Zip 02828	
4. Business Phone No. (401) 949-3594		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MARTIAL ARTS & CARDIO KICKBOXING INSTRUCTION, AND ALL OTHER LAWFUL BUSINESS RELATED THERETO					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AKIM DEMIRIOGLU		Vice President Name			
Street Address 3 COMMERCE STREET		Street Address			
City GREENVILLE	State RI	Zip 02828	City	State	Zip
Secretary Name AKIM DEMIRIOGLU		Treasurer Name AKIM DEMIRIOGLU			
Street Address 3 COMMERCE STREET		Street Address 3 COMMERCE STREET			
City GREENVILLE	State RI	Zip 02828	City GREEVILLE	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 \$1.00 PAR VALUE			51	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 3 9 0 3

FILED

File Date

JAN 22 2004

Check No.

By: 1482 GOM

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

AKIM DEMIRIOGLU

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

1-17-04

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

100 North Main Street, Providence, RI 02903-1333
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **123903** 2. Name of Corporation **American Martial Arts & Cardio Kickboxing, Inc.**
3. Street Address Principal Business Office **3 Commerce Street** City **Greenville** State **RI** Zip **02828**
4. Business Phone No. **949-3594** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
martial arts & cardio kickboxing instruction, and all other lawful business related thereto

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Akim Demirioglu** Vice President Name
Street Address **3 Commerce Street** Street Address
City **Greenville** State **RI** Zip **02828** City State Zip
Secretary Name **Akim Demirioglu** Treasurer Name **Akim Demirioglu**
Street Address **3 Commerce Street** Street Address **3 Commerce Street**
City **Greenville** State **RI** Zip **02828** City **Greenville** State **RI** Zip **02828**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **none.** Director Name
Street Address Street Address
City State Zip City State Zip
Director Name Director Name
Street Address Street Address
City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
51 common \$1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 9 0 3 *

File Date: **FILED**

Check No.: **FEB 27 2003**

By: **BVGODA 1130**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Akim Demirioglu** Date **2-22-03**

Print or Type Name of Officer **Akim Demirioglu**

Title of Officer **President**

Form 630 12/02