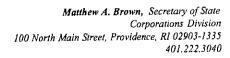


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

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4. Business Phone No.		5. State of Incorporation			6. SIC Code	
	401-949-3594 RHODE ISLAN					
7. Brief Description of the Chard MARTIAL ARTS & CARD						
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) ☐ FILE IN SP	ACES BEFORE USING A	TTACHMENTS	
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MAR 1	0 2005		Signature of Office		Date	
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By N	~ 160 o	.	Print or Type Name of	Officer		
B <u>v:</u>	(<u>-</u> ∆∕\\$ ■	PRESIDEN	Т		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	-	Form 630 12/01	



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

FORM MUST BE TYPED I I. Corporate ID No.	2 Name of Cornor	2 Name of Corporation					
123903	The second secon	AMERICAN MARTIAL ARTS & CARDIO KICKBOXING, INC.					
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3 COMMERCE STRE	SET	5. State of Incorpor	S. C	CLASSES, MARKET SPECIAL SPECIA	6. SIC Code		
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this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. **FILED** File Date JAN 22 2004 AKIM DEMIRIOGLŮ Check No. Print or Type Name of Officer By PRESIDENT FOR SECRETARY OF STATE USE ONLY

Title of Officer

Form 630 12/01

Under penalty of perjury, I declare and affirm that I have examined

100 North Main Street, Providence, RI 02903-133 401-222-3040

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.

2. Name of Corporation

123903

American Martial Arts & Cardio Kickboxing, Inc.

3. Street Address Principal Business Office

State

Zip

3 Commerce STreet

Greenville

RI

02828

5. State of Incorporation

6. SIC Code

949-3594

RHODE ISLAND

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 Vice President Name

President Name

Akim Demirioglu

Street Address

City

City

City

City

3 Commerce Street

State

Zip

Street Address

City

State

Zip

Greenville

RΙ

02828

Secretary Name

Treasurer Name

Street Address

Akim Demirioglu

Street Address 3 Commerce Street

3 Commerce Street

Akim Demirioglu

Greenville

RI

02828

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

Director Name

none.

Street Address

Street Address

Director Name

State

State

Zip

City

State

Zip

Director Name Street Address

Street Address

Zip

City

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

AUTHORIZED SHARES

Number of Shares

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

Class/Series

Par Value

ISSUED SHARES 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



File Date:

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 are duty the lite combined in the second the sale in the

Akim Demirioglu

President

Print or Type Name of Officer

Title of Officer **€** 5

Form 630 12/02