

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

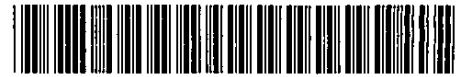
FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90015 036 ****61.25



DOCUMENT # 732211
 1. Entity Name
FLORIDA DANCE MASTERS, INC.

Principal Place of Business Mailing Address
 2601 ANTILLES DRIVE 2601 ANTILLES DRIVE
 WINTER PARK FL 32792 WINTER PARK FL 32792



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1 Lake Hollingsworth Dr *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3

1st MOORE CR2E037 (10/07)

City & State City & State
Lakeland *FL*
 Zip Country Zip Country
33803 *USA*

4. FEI Number Applied For
59-1766747 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SNEDEKER, LORETTA
 2601 ANTILLES DRIVE
 WINTER PARK FL 32793

7. Name and Address of New Registered Agent
 Name *Gayle T. Ellerbe*
 Street Address (P.O. Box Number is Not Acceptable)
1 Lake Hollingsworth Dr
#3
 City *Lakeland* FL Zip Code *33803*

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: *Gayle T. Ellerbe* DATE: *2/5/08*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELD, VALERIE	
STREET ADDRESS	2560 ELM AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SNEDEKER, LORETTA	
STREET ADDRESS	2601 ANTILLES DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNHAM, HEATHER W	
STREET ADDRESS	2711 WOODHILL ST.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOKTOR, MIRIAM	
STREET ADDRESS	2560 ELM AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Gayle T. Ellerbe</i>	
STREET ADDRESS	<i>1 Lake Hollingsworth Dr #3</i>	
CITY-ST-ZIP	<i>Lakeland FL 33803</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: X *Gayle T. Ellerbe* *Gayle T. Ellerbe* *2/5/08* *863-644-3095*