


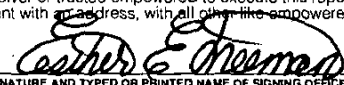
**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90058 015 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

40050710



DOCUMENT # F04000006975			
1. Entity Name UNITED STATES AMATEUR BALLROOM DANCERS ASSOCIATION INC.			
Principal Place of Business 237 LAKE VIEW DR. TOANO, VA 23168		Mailing Address PO BOX 152988 CAPE CORAL, FL 33915-2988	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 7004 Duncraig Ct		Suite, Apt. #, etc.	
City & State McLEAN VA		City & State	
Zip 22101		Country USA	
4. FEI Number 54-1294098		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHAUFERT, MARY 1718 SE 2ND ST. CAPE CORAL, FL 33990		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZELWOOD, ARCHIE 237 LAKE VIEW DR. TOANO, VA 23168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEMAN, ESTHER PO BOX 1124 JACKSONVILLE, OR 97530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREWS, STAN C/O 1001 BRUSH COLLEGE RD DECATUR, IL 62521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREW, LELAND E CPA 14 WALNUT ST. WARWICK, RI 028881038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Daphna Locker 1344 Locust St. Denver CO 80220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: April 6, 2005 (541) 899-1933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	