


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006975

1. Entity Name
USA DANCE, INC.



Principal Place of Business
**7004 DUNCRAIG CT
 MC LEAN, VA 22101**

Mailing Address
**PO BOX 152988
 CAPE CORAL, FL 33915-2988**



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1294098 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHAUFERT, MARY
 1718 SE 2ND ST.
 CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE

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: *Mary Schaufert* 2/23/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOCKER, DAPHNA 1344 LOCUST ST DENVER, CO 80220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, ESTHER P.O. BOX 1750 JACKSONVILLE, OR 97530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDREWS, STAN C/O 1001 BRUSH COLLEGE RD DECATUR, IL 62521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREW, LELAND E CPA 14 WALNUT ST. WARWICK, RI 028881036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000456394
 03/16/06-80027-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Leland E. Andrew* 2/28/06 401-467-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #