

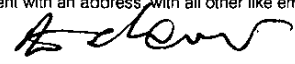


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90041 007 \*\*\*\*61.25

DOCUMENT # F04000006975			
1. Entity Name USA DANCE, INC.			
Principal Place of Business 11420 ALDEN CT HUDSON, FL 34667		Mailing Address PO BOX 152988 CAPE CORAL, FL 33915-2988	
2. Principal Place of Business - No P.O. Box # 8028 Links Way		3. Mailing Address same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St Lucie		City & State	
4. FEI Number 54-1294098		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02052008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CHURCHILL, SHERRY 11420 ALDEN CT HUDSON, FL 34667		7. Name and Address of New Registered Agent Name Peter Pover Street Address (P.O. Box Number is Not Acceptable) 8028 Links Way City Port St Lucie FL Zip Code 34986	
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 		Peter Pover, President 4/7/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 S NAME LOCKER, DAPHNA STREET ADDRESS 1344 LOCUST ST CITY-ST-ZIP DENVER, CO 80220	<input checked="" type="checkbox"/> Delete	TITLE President NAME Peter Pover STREET ADDRESS 8028 Links Way CITY-ST-ZIP Port St Lucie FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME FREEMAN, ESTHER STREET ADDRESS P.O. BOX 1750 CITY-ST-ZIP JACKSONVILLE, OR 97530	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Stan Andrews STREET ADDRESS 5035 S. Lake Dr. CITY-ST-ZIP Cudahy WI 53110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME SCARDINA, LYDIA STREET ADDRESS 30 ENTRADA CT CITY-ST-ZIP SAN FRANCISCO, CA 97530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ANDREW, LELAND E CPA STREET ADDRESS 14 WALNUT ST. CITY-ST-ZIP 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	<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	<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 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: 		PETER E.S. POVER 4/10/08 772-489-9190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	