2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2008 8:00 am Secretary of State **DOCUMENT # G76162** 01-17-2008 90030 034 ***150 00 LEESBURG DANCE CENTRE, INC. Principal Place of Business Mailing Address 1215-1217 W MAIN ST 1217 W MAIN ST LEESBURG, FL 34748 LEESBURG, FL 34748-4934 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2371109 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, VALERIE Street Address (P.O. Box Number is Not Acceptable) 1217 W. MAIN STREET LEESBURG, FL 34748 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. SIGNATUREL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Frust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PDS TITLE ☐ Delete MLE Addition John son VALERIE NAME VARNÉY, VALERIE NAME STREET ADDRESS STREET ADDRESS 1217 W. MAIN STREET SAME CITY-ST-71P LEESBURG, FL 34748 CITY-ST-7IP SAMP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, 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:

alone of the SCA SIGNING OFFICER OF DIRECTOR

FILED