2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400006332

FILED May 06, 2007 Secretary of State

Entity Name: TAMPA GYMNASTICS AND DANCE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

6925 N. FLORIDA AVE. TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

6925 N. FLORIDA AVE. TAMPA, FL 33604

FEI Number: 59-3291823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROTHELL, DON 3334 HANDY RD. TAMPA, FL 33618 US

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.

SIGNATURE:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: PD (X) Change () Addition Name: BARNWELL, CHERIE Name: BARNWELL, CHERIE Address: 6925 N. FLORIDA AVE 6925 N. FLORIDA AVE

 Address:
 6925 N. FLORIDA AVE
 Address:
 6925 N. FLORIDA AVI

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

Title: PD () Delete Title: VPD (X) Change () Addition Name: SANCHEZ, VILMA Name: OTERO, LILLIAN Address: 6925 N. FLORIDA AVE 6925 N. FLORIDA AVE

 Address:
 6925 N. FLORIDA AVE
 Address:
 6925 N. FLORIDA AVE

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 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BARNES, RAISA
 Name:
 PURPUA, CHRISTINE

 Address:
 6925 N FLORIDA AVE
 Address:
 6925 N FLORIDA AVE

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

 Name:
 OTERO, LILIAN
 Name:
 COCHRAN, MELISSA

 Address:
 6925 N. FLORIDA AVE
 6925 N. FLORIDA AVE

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

 Name:
 SANCHEZ, MARITZA
 Name:
 BROWN, GARY

 Address:
 6925 N FLORIDA AVE
 Address:
 6925 N FLORIDA AVE

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERIE BARNWELL PD 05/06/2007