2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# N98000003856

Entity Name: SUPPORT DANCE, INC.

Current Principal Place of Business:

924 N DIXIE HIGHWAY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

924 N DIXIE HIGHWAY
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0854931 **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:

MOE, RODERICK C
101 NORTH J STREET
SUITE 2
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	PLANK, HOLLY	
Address:	51 CLEVELAND ROAD	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	PD	( ) Delete
Name:	EASTON, MARK	
Address:	1314 LAKE GENEVA DR	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	VD	( ) Delete
Name:	BERNARD, SCOTT	
Address:	P. O. BOX 1667	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	T	( ) Delete
Name:	DUCKETT, LYNNE	
Address:	10358 151ST LANE NORTH	
City-St-Zip:	JUPITER, FL 33478	
Title:	D	( ) Delete
Name:	VALENTINE, TAMI	
Address:	4397 CARYOTA DR.	
City-St-Zip:	BOYNTON BEACH, FL 33436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	GENTILE, AMY	
Address:	222 GREENWOOD AVENUE	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: LYNNE DUCKETT TD 05/21/2009

Electronic Signature of Signing Officer or Director — Date