## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 667123  1. Entity Name				Secretary of State
ESTHER	B. DANCE, INC.			7
Principal Place of Business  863 BUTTONWOOD DR. BOCA RATON FL 33432		Mailing Address  863 BUTTONWOOD DE BOCA RATON FL 3343		לארו או האורעה התוחשים והפגעה הנעיקה המערה הנעועה היון העשור עושה ועועה מוועה מתוחש מתוחשים ב
			-	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2018267 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent     Name				7. Name and Address of New Registered Agent
863	NCE, ESTHER B. BUTTONWOOD DR. DA RATON FL 33432			ss (P.O. Box Number is Not Acceptable)
			City	FL   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.				
SIGNATURE Signature, typen or prince name of registered agent and lide it applicable (NOTE: Registered Agent signature required when re-entitles).				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
BILE	DP	☐ Dalete	BILE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-SI-ZIP	DANCE, ESTHER B. 863 BUTTONWOOD DRIVE BOCA RATON FL		NAME STREET ADDRESS CITY-ST-ZIP	U0000445855 03/07/08-80064-023 158.75
THLE		☐ Oelete	TITLE NAME	☐ Chango ☐ AAIII
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	MILE	☐ Change ☐ Artini
STREET ADDRESS CRY-ST-ZIP			NAME STREET ADDRESS CITY-SI-ZIP	
TITLE		☐ Defete	TATLE	☐ Change ☐ Addition
NAME STREET ADDRESS CHY-ST-ZP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adiron
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, 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.				

**FILED** 

SIGNATURE: Strew St. Dance / Esther B. DANCE 2/22/06 561-368-352