2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #697183

1. Entity Name THE WORLD OF MID-EASTERN DANCE, INC.



FILED Apr 12, 2006 08:00 AM Secretary of State

Principal Place of Business **429 GASTON FOSTER RD** SUITE)

ORLANDO, FL 32807 US

Mailing Address 600 DORADO AVE ORLANDO, FL 32807 US



DO NOT WRITE IN THIS SPACE

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4. FEI Number	Applied For
59-21285 <u>60</u>	 Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional

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04102006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent COPELAND, RICHARD W.

631 PALM SPRINGS DRIVE **SUITE 115**

DO NOT WRITE

'No Chg-P

ALTAMON	NTE SPRINGS, FL 32701		IN	THIS SPACE	
8. The above the obligation of the structure.	e named emity submits this statement for the p tions of registered agent.	urpose of changing its registers	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with,	and accept
	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	<u> </u>		
HILE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, PATRICIA 600 DORADO AVE ORLANDO, FL 32807			U00000503261	tro o
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/26/06-80024-022	150.00
TITLE NAME SIREE ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
NITE NAME STREET ADDRESS CHY-ST-ZIP			IN ⁻	THIS SPACE	
SITES NAME SURFET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 it 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 charged, or on an attaching right in an address, with all other like empowered.

SIGNATURE:

CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR