

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90037 003 \*\*\*150.00

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07062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F03000003091</b> 1. Entity Name DANCE OLYMPUS-AMERICA, INC.					
Principal Place of Business 1995 EXPRESS DR. NORTH SMITHTOWN, NY 11788			Mailing Address 1995 EXPRESS DR. NORTH SMITHTOWN, NY 11788		
2. Principal Place of Business <i>1795 EXPRESS DR. N.</i>		3. Mailing Address <i>1795 EXPRESS DR. N.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>SMITHTOWN NY</i>		City & State <i>SMITHTOWN NY</i>		4. FEI Number 11-2352010	
Zip <i>11788</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  STONE, ART 2929 E. COMMERCIAL BLVD STE 306 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STONE, ART 6438 N.W. 32ND WAY BOCA RATON, FL 48787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, NANCY 6438 N.W. 32ND WAY BOCA RATON, FL 48787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>ANDREW HCPHART - CONTROLLER</i> Date Daytime Phone #					