2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# J34859

Entity Name: DANCEMAKERS SCHOOL OF THE DANCE, INC.

Current Principal Place of Business:

NAN SHERRILL
5243 EHRLICH RD
TAMPA, FL 33624

New Principal Place of Business:

DANCEMAKERS
5243 EHRLICH RD
TAMPA, FL 33624

Current Mailing Address:

NAN SHERRILL
5243 EHRLICH RD
TAMPA, FL 33624

New Mailing Address:

DANCEMAKERS
5243 EHRLICH RD
TAMPA, FL 33624

FEI Number: 59-2728263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTMAN, PETER
11404 1/2 N SOTH ST
TEMPLE TERRACE, FL 33617 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PIUROWSKI, COLETTA
Address: 3909 MISTY COURT
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: BEAN, PATRICIA
Address: 18103 N 30TH STREET
City-St-Zip: LUTZ, FL

Title: STD ( ) Delete
Name: SHERRILL, NANETTE
Address: 3411 TALLY CT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANETTE SHERRILL STD 04/28/2009

Electronic Signature of Signing Officer or Director Date