
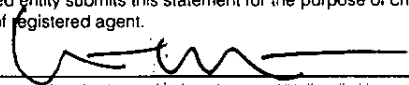


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90094 043 \*\*\*150.00

<b>DOCUMENT # L34321</b> 1. Entity Name <b>JUDY BERNARD DANCERS, INC.</b>																																																																																																														
Principal Place of Business <b>9918 DAVIS ROAD TAMPA, FL 33637</b>	Mailing Address <b>502 N ARMENIA AVE TAMPA, FL 33609</b>																																																																																																													
2. Principal Place of Business - No P.O. Box # <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           Suite, Apt. #, etc.              City &amp; State              Zip  </div> <div style="width: 40%; text-align: center;"> <b>Koehler &amp; Company, P.A. 401 North Howard Avenue Tampa, FL 33606</b> </div> <div style="width: 30%;">           Chg-P            CR2E034 (12/06)         </div> </div>																																																																																																														
4. FEI Number <b>59-3010717</b>																																																																																																														
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																														
6. Name and Address of Current Registered Agent <b>KOEHLER, KEITH W CPA KOEHLER &amp; COMPANY 502 N ARMENIA AVENUE TAMPA, FL 33609</b>																																																																																																														
7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           Name  <b>KEITH W KOEHLER CPA</b>            Str  <b>Koehler &amp; Company, P.A. 401 North Howard Avenue Tampa, FL 33606</b>            Ci              Zip Code         </div> <div style="width: 60%;">           Applied For            Not Applicable         </div> </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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE    <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 60%; text-align: right;"> <b>4/25/07</b>  <small>DATE</small> </div> </div>																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b> </div> <div style="width: 40%;">           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>																																																																																																														
<div style="display: flex;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERNARD, JUDY H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9918 DAVIS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33637</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERNARD, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9918 DAVIS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33637</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 5%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> <div style="width: 50%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>			TITLE	DPT	<input type="checkbox"/> Delete	NAME	BERNARD, JUDY H		STREET ADDRESS	9918 DAVIS ROAD		CITY-ST-ZIP	TAMPA, FL 33637		TITLE	V	<input type="checkbox"/> Delete	NAME	BERNARD, CHARLES		STREET ADDRESS	9918 DAVIS ROAD		CITY-ST-ZIP	TAMPA, FL 33637		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DPT	<input type="checkbox"/> Delete																																																																																																												
NAME	BERNARD, JUDY H																																																																																																													
STREET ADDRESS	9918 DAVIS ROAD																																																																																																													
CITY-ST-ZIP	TAMPA, FL 33637																																																																																																													
TITLE	V	<input type="checkbox"/> Delete																																																																																																												
NAME	BERNARD, CHARLES																																																																																																													
STREET ADDRESS	9918 DAVIS ROAD																																																																																																													
CITY-ST-ZIP	TAMPA, FL 33637																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
NAME																																																																																																														
STREET ADDRESS																																																																																																														
CITY-ST-ZIP																																																																																																														
12. I hereby certify that the information supplied with this filing 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 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.																																																																																																														
<b>SIGNATURE:</b> <i>Judy Helen Louise Bernard</i> <b>Judy Helen Louise Bernard</b> <b>4/30/07</b> <b>813-988-5694</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																														