


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M43402
 1. Entity Name
THOMAS DANCE STUDIO, INC.



Principal Place of Business 924 N DIXIE HWY. LAKE WORTH, FL 33460 US	Mailing Address 924 N DIXIE HWY. LAKE WORTH, FL 33460 US
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03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2741209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SZEMBER, TERI J
6198 PINE DR.
LANTANA, FL 33462

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZEMBER, TERI 6198 PINE DR. LANTANA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTINE, TAMI 4397 CARYOTA DR. BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SZEMBER, BRENT 6198 PINE DR. LANTANA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALENTINE, RICHARD 4397 CARYOTA DR. BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Tami Valentine* **Tami Valentine** 3-28-07 565-582-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #