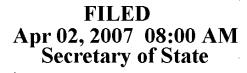
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M43402 THOMAS DANCE STUDIO, INC. Principal Place of Business Mailing Address 924 N DIXIE HWY. 924 N DIXIE HWY. LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 US

6198 PINE DR.

SIGNATURE:



Fee Required



DO NOT WRITE IN THIS SPACE

03282007 No Chg-P		CR2E034 (11/05)			
			Applied For		
59-2741	1209		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent SZEMBER, TERI J DO NOT WRITE LANTANA, FL 33462 IN THIS SPACE

 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	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Regue	tered Agent signatur	e required when rometering)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	1	· · · · · · · · · · · · · · · · · · ·	<u></u>		
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			000000684743 04/66/07-80045-001 150.0 DO NOT WRITE			
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		IN THIS SPACE				
ITILE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZP							
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 tegal 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.							