


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M43402**  
 1. Entity Name  
**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

**DO NOT WRITE IN THIS SPACE**



02212008    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
 59-2741209                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZEMBER, TERI J  
 6198 PINE DR.  
 LANTANA, FL 33462

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000872078  
 04/10/08-80024-005 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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 3-25-08 561 592 3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #