

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002856

FILED
Jan 17, 2008
Secretary of State

Entity Name: GULFSHORE BALLET, INC.

Current Principal Place of Business:

2155 ANDREA LN., UNIT C5-6
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

1103 SCHOONER PL
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-1003170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY, MELINDA S
1103 SCHOONER PLACE
SANIBEL, FL 33957 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROY, MELINDA
Address: 1103 SCHOONER PLACE
City-St-Zip: SANIBEL, FL 33957

Title: V () Delete
Name: VUKOVIC, TOMISLAV
Address: 1770 WINDWARD WAY
City-St-Zip: SANIBEL, FL 33957

Title: STT () Delete
Name: MUNOZ, ROBERTO
Address: 1103 SCHOONER PLACE
City-St-Zip: SANIBEL, FL 33957

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

SIGNATURE: MELINDA ROY

MS.

01/17/2008

Electronic Signature of Signing Officer or Director

Date