2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N01000000637

Entity Name: UNIVERSAL DANCE ACADEMY PREMIERE BOOSTER CLUB, INC.

Current Principal Place of Business:

663 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

663 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Mailing Address:

1825 TAMIAMI TRAIL A-6
BOX 163
PORT CHARLOTTE, FL 33948

FEI Number: 07-1693077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OAKS, DAVID K ESQ.
407 E. MARION AVE., SUITE 101
PUNTA GORDA, FL 33950 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: PD ( ) Delete
Name: DUNN, MICHELLE
Address: 21535 MALLARY ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete
Name: BAYAR, ALISON
Address: 344 TORRINGTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD ( ) Delete
Name: TEIXEIRA, SONYA
Address: 1655 CLOW CT
City-St-Zip: NORTH PORT, FL 34286

Title: VD ( ) Delete
Name: ADAMO, NICOLE
Address: 291 SANTEREM CIR
City-St-Zip: PUNTA GORDA, FL 33983

Title: ATD (X) Delete
Name: KONTOS, ROBIN
Address: 25126 BOLIVAR DR
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADAMO, NICHOLE
Address: 13803 NIGHTHAWK TERR
City-St-Zip: BRADENTON, FL 34202

Title: SD (X) Change ( ) Addition
Name: PROSPERO, ELIZABETH
Address: 1175 AMPLE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD (X) Change ( ) Addition
Name: BAYAR, ALLISON L
Address: 344 TORRINGTON ST
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VD (X) Change ( ) Addition
Name: FINNERTY, DENISE
Address: 6636 N BISCAYNE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLISON L BAYAR TD 04/18/2005

Electronic Signature of Signing Officer or Director — Date