2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000637

FILED Apr 19, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

663 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33953

Current Mailing Address: 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: Name and Address of New Registered Agent:

OAKS, DAVID K ESQ. 407 E. MARION AVE., SUITE 101 PUNTA GORDA, FL 33950 US

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:

Flacture Company of Davidson d Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ADAMO, NICHOLE
 Name:
 FINNERTY, DENISE

 Address:
 13803 NIGHTHAWK TERR
 Address:
 6636 NORTH BISCAYNE DR

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:
 NORTH PORT, FL 34286

Title: SD () Delete Title: SD (X) Change () Addition

Name: PROSPERO, ELIZABETH Name: DRAKE, BECKY
Address: 1175 AMPLE AVE Address: 280 FLETCHER ST

City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TD () Delete Title: () Change () Addition

 Name:
 BAYAR, ALLISON L
 Name:

 Address:
 344 TORRINGTON ST
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33954
 City-St-Zip:

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$

 Name:
 FINNERTY, DENISE
 Name:
 GREGOIRE, TINARAE

 Address:
 6636 N BISCAYNE BLVD
 Address:
 3200 ALESIO AVE

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:
 NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLISON L BAYAR TREA 04/19/2006