2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
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:

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

New Mailing Address:

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: FINNERTY, DENISE
Address: 6636 NORTH BISCAYNE DR
City-St-Zip: NORTH PORT, FL 34286

Title: SD ( ) Delete
Name: DRAKE, BECKY
Address: 280 FLETCHER ST
City-St-Zip: PORT CHARLOTTE, FL 33954

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

Title: VD ( ) Delete
Name: GREGOIRE, TINARAE
Address: 3200 ALESIO AVE
City-St-Zip: NORTH PORT, FL 34286

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:

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: ALLISON BAYAR TD 04/24/2007
Electronic Signature of Signing Officer or Director — Date