

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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<b>DOCUMENT # N01000008058</b>					
<b>1. Entity Name</b> LADS AND LASSIES DANCE CLUB, INC.					
<b>Principal Place of Business</b> 20 HIGHLAND FALLS DR ORMOND BEACH, FL 32174			<b>Mailing Address</b> 20 HIGHLAND FALLS DR ORMOND BEACH, FL 32174		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HARRIS, LESLIE C 20 HIGHLAND FALLS DRIVE ORMOND BEACH, FL 32174			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>  SIGNATURE <u>Leslie C Harris</u> DATE <u>March 20, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> D'AMADIO, EDWARD <b>STREET ADDRESS</b> 736 HORSEMAN DRIVE <b>CITY-ST-ZIP</b> PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> McMullen, Joseph <b>STREET ADDRESS</b> 6468 Longlake Dr. <b>CITY-ST-ZIP</b> Port Orange FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FILIAULT, DONALD P <b>STREET ADDRESS</b> 1 WATERFRONT COURT <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> McMullen, Bettie <b>STREET ADDRESS</b> 6468 Longlake Dr. <b>CITY-ST-ZIP</b> Port Orange FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FILIAULT, JOANNE M <b>STREET ADDRESS</b> 1 WATERFRONT COURT <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SCHWEIG, PHYLLIS <b>STREET ADDRESS</b> 4 WINDSOR DR. <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GATTINELLA, JOSEPH W <b>STREET ADDRESS</b> 997 SMOKERISE BLVD <b>CITY-ST-ZIP</b> PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> HARRIS, LESLIE C <b>STREET ADDRESS</b> 20 HIGHLAND FALLS DRIVE <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <u>Leslie C Harris</u> <u>LESLIE C HARRIS</u> <u>3/20/07</u> <u>386-672-5086</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

03-29-2007 17:00:30 6128  
 SECRETARY OF STATE  
 JANUARY 2008

SUMMER 419-732-1097  
 PHONE

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Florida Department of State  
Secretary of State  
Division Of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

Dear Sirs:

As the Registered Agent of the entity, **Lads and Lassies Dance Club, Inc.**,  
I received from your office, a notice of Intent To Dissolve.

The renewal form with changes was mailed to your office with the check for  
\$ 61.25 on March 20, 2007. The check was cashed by you on March 28, 2007.  
I am including a **copy of the canceled check** and a **copy of the updated Annual Report**  
for your information.  
Please correct your records, make the update of our Annual Report and let me know that  
this has been completed.

Thank you,

*Leslie C Harris*

Leslie C. Harris  
20 Highland Falls  
Ormond Beach, FL  
32174