2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000185

FILED Mar 28, 2006 Secretary of State

Entity Name: FLORIDA DANCE MEDICINE AND PERFORMING ARTS STUDY GROUP, INC.

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

1720 SOUTH COOK AVENUE 86 WEST UNDERWOOD STREET ORLANDO, FL 32806

SUITE 100

ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

86 WEST UNDERWOOD STREET 1720 SOUTH COOK AVENUE

ORLANDO, FL 32806 SUITE 100

ORLANDO, FL 32806

FEI Number: 03-0388855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROOFNER, MARILYN ROOFNER, MARILYN

1720 S. COOK ST. 86 WEST UNDERWOOD STREET

ORLANDO, FL 32806 US SUITE 100 ORLANDO, FL 32806 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: MARILYN ROOFNER 03/28/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CD () Delete (X) Change () Addition

TUFFY, DAN CRULL, JOHNA Name: Name: 1720 S. COOK STREET Address: 1301 SLIGH BLVD. Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

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

BRAY, PAT Name: BEASOM, JEFF Name: Address: 1720 SOUTH COOK ST. Address: 1301 SLIGH BLVD. City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

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

CRULL, JOHNA ROOFNER, MARILYN Name: Name:

1720 SOUTH COOK ST. 86 WEST UNDERWOOD STREET, SUITE 100 Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

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

BEASOM, JEFF Name: Name: ENGELBERG, STEPHANIE 1720 SOUTH COOK ST. Address: Address: 1301 SLIGH BLVD. City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

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: MARILYN ROOFNER TR 03/28/2006