2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000874

Entity Name: VOLUSIA DANCE THEATRE, INC.

FILED Aug 12, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
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|--------------------------------------|----------------------------------|

3090 SIXMA ROAD DELTONA, FL 32738

Current Mailing Address: New Mailing Address:

118 LITTLETON CIRCLE 330 N. LAKEVIEW DRIVE DELAND, FL 32724 LAKE HELEN, FL 32744

FEI Number: 30-0045925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

OLSON, WENDY LONG, WENDY J

118 LITTLETON CIRCLE 330 N. LAKEVIEW DRIVE DELAND, FL 32724 US LAKE HELEN, FL 32744 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: WENDY J. LONG 08/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 OLSON, WENDY
 Name:
 LONG, WENDY

 Address:
 118 LITTLETON CIRCLE
 Address:
 330 N. LAKEVIEW DRIVE

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:
 LAKE HELEN, FL 32744

Title: BM () Delete Title: () Change () Addition

 Name:
 DESPARD, CARLENE
 Name:

 Address:
 2564 S SPRING GARDEN AVE
 Address:

 City-St-Zip:
 DELAND, FL 32720
 City-St-Zip:

Title: BM () Delete Title: () Change () Addition

 Name:
 SWISHER, JUDY
 Name:

 Address:
 935 SYLVA AVE
 Address:

 City-St-Zip:
 ORANGE CITY, FL 32763
 City-St-Zip:

Title: BM () Delete Title: () Change () Addition

 Name:
 NEESE, DEBBIE
 Name:

 Address:
 1615 DUNLAP DRIVE
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 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: WENDY J. LONG AD 08/12/2009