

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005837

FILED
Jan 22, 2008
Secretary of State

Entity Name: THE DANCER'S ALCHEMY, INC.

Current Principal Place of Business:

140 NORTH CONGRESS AVE #8B
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

140 NORTH CONGRESS AVE #8B
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 16-1620182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENLY, PENNI
140 NORTH CONGRESS AVE. #8B
BOYNTON BEACH, FL 33426 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: DP () Delete
Name: GREENLY, PENNI
Address: 140 NORTH CONGRESS AVE #8B
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: LEWIN, JEANNIE
Address: 140 N CONGRESS AVE 8B
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DS () Delete
Name: MOTE, ADRIANA
Address: 140 NORTH CONGRESS AVE #8B
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: COMAS, LAURA
Address: 140 NORTH CONGRESS AVE #8B
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: MORSE, MICHAEL
Address: 140 NORTH CONGRESS AVE #8B
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: DEISER, KRISTEN
Address: 140 N CONGRESS AVE 8B
City-St-Zip: BOYNTON BEACH, FL 33426

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:

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: PENNI A. GREENLY

DP

01/22/2008

Electronic Signature of Signing Officer or Director

Date