


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90041 030 ****70.00

DOCUMENT # N02000006472 1. Entity Name DANCE UNLIMITED COMPETITION BOOSTERS, INC.	
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Principal Place of Business 4220 APPALOOSA RD SEBRING, FL 33875	Mailing Address 4220 APPALOOSA RD SEBRING, FL 33875
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DO NOT WRITE IN THIS SPACE

01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 22-3862086	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPHENSON, LISA 4220 APPALOOSA RD SEBRING, FL 33875
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**DO NOT WRITE
IN THIS SPACE**

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. SIGNATURE <u><i>Lisa M. Stephenson</i></u> (pres.) <u>4/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, LISA 4220 APPALOOSA RD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEFENDORF, DOREEN 5310 OAK RD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, KRIS 2802 DUFFER RD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, DENISE 125 US 27 NORTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. SIGNATURE: <u><i>Lisa M. Stephenson</i></u> <u>4/17/05</u> <u>863-382-0914</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #
