

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 05, 2009
Secretary of State

DOCUMENT# N03000009898

Entity Name: NEW DIMENSIONS DANCE COMPANY, INC.**Current Principal Place of Business:**6092 BENT PINE DR
4420
ORLANDO, FL 32822 US**New Principal Place of Business:****Current Mailing Address:**6092 BENT PINE DR
4420
ORLANDO, FL 32822 US**New Mailing Address:****FEI Number:** 20-0392970**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERRY, DAWHONE
6092 BENT PINE DR
4420
ORLANDO, FL 32822 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: PS () Delete
Name: KELLY, JANE
Address: 3536 LEICA CT
City-St-Zip: TITUSVILLE, FL 32796

Title: T () Delete
Name: GALFO, BESTY
Address: 4477 LANTON DR
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: KELLY, EUGENE
Address: 862 MARCELLA LN
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: LEVI, SAMARA
Address: 3741 S. SHERWARD CIR
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: QUAM, CHRISTEN
Address: 1025 LUNDY DR.
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: PERRY, DAWHONE
Address: 6092 BENT PINE DR #4420
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: O'HARA, BILLIE
Address: 9033 SHAWN CIRCLE
City-St-Zip: ORLANDO, FL

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: DAWHONE PERRY

RA

10/05/2009

Electronic Signature of Signing Officer or Director

Date