2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# N03000010481

Entity Name: INTERNATIONAL HUSTLE DANCE ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 6225
NEW YORK, NY 10150

New Principal Place of Business:

Current Mailing Address:

PO BOX 6225
NEW YORK, NY 10150

New Mailing Address:

FEI Number: 56-2428720 **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:

ATTY, ORLIKURF S
481 NW 76TH AVE BLDG H
SUITE 201
POMPANO BEACH, FL 33063 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: P ( ) Delete
Name: PHILLIPS, ARTE
Address: PO BOX 6225
City-St-Zip: NEW YORK, NY 10150

Title: V ( ) Delete
Name: FINOCCHIO, ROBERT
Address: PO BOX 6225
City-St-Zip: NEW YORK, NY 10150

Title: T ( ) Delete
Name: MCGEE, DANIEL
Address: PO BOX 0225
City-St-Zip: NEW YORK, NY 10150

Title: S ( ) Delete
Name: DARCITI, BETH
Address: P.O. BOX 6225
City-St-Zip: NEW YORK, NY 10105

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:

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: STEVE ORLIKOFF ATTY 07/07/2006

Electronic Signature of Signing Officer or Director — Date