

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001503

FILED
Feb 24, 2005
Secretary of State

Entity Name: US CHEERLEADING & DANCE CHARITIES INC

Current Principal Place of Business:

3650 SW 10TH STREET
13
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

3650 SW 10TH STREET
DEERFIELD BEACH, FL 33442

Current Mailing Address:

6837 NW 65TH TERRACE
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 73-1720426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAYKIN, MARC
3650 SW 10TH STREET
DEERFIELD BEACH, FL 33442 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: CHAYKIN, MARC L
Address: 3650 SW 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP () Delete
Name: CHAYKIN, JULE
Address: 3650 SW 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP () Delete
Name: CHAYKIN, GAIL
Address: 3650 SW 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP () Delete
Name: CHAYKIN, ARTHUR
Address: 3650 SW 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

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 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 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: MARC CHAYKIN

P

02/24/2005

Electronic Signature of Signing Officer or Director

Date