2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# N04000008265

Entity Name: INSPIRATIONAL SCHOOL OF DANCE INC.

Current Principal Place of Business:

2913 N.W 21ST. AVE.
OAKLAND PARK, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

5319 N.W 93RD AVE.
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-1232513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CUMMINS, TRAMEKA
5319 N.W. 93RD AVE.
SUNRISE, FL 33351 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:	CEO	( ) Delete
Name:	CUMMINS, TRAMEKA L	
Address:	5319 N.W. 93RD AVE	
City-St-Zip:	SUNRISE, FL 33351 US	
Title:	P	( ) Delete
Name:	WESTBROOK, LACHAUNTAY	
Address:	5312 N.W.93RD AVE	
City-St-Zip:	SUNRISE, FL 33351 US	
Title:	T	( ) Delete
Name:	MALLETTE, ANDREA	
Address:	5355 W MC NAB RD.	
City-St-Zip:	NORTH LAUDERDALE, FL 33068 US	
Title:	S	( ) Delete
Name:	PLANA, NADYA	
Address:	6940 N.W. 186TH ST.	
City-St-Zip:	HIALEAH, FL 33015 US	
Title:	PA	( ) Delete
Name:	NELSON, CECILIA	
Address:	6193 ROCK ISLAND RD.	
City-St-Zip:	TAMARAC, FL 33319 US	

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:	

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: TRAMEKA CUMMINS CEO 07/23/2009

Electronic Signature of Signing Officer or Director — Date