## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011363

Entity Name: U-TURN DANCE, INC

FILED Apr 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 300 SHEOAH BOULEVARD 504 WINTER SPRINGS, FL 32708 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 195685 WINTER SPRINGS, FL 32719 FEI Number: 20-1694826 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, DARIO J 300 SHEOAH BOULEVARD 504 WINTER SPRINGS, FL 32708 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOORE, DARIO J Name: Name: 300 SHEOAH BOULEVARD #504 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: **VPSD** () Delete Title: () Change () Addition JOHNSON, CRAIG W Name: Name: Address: 300 SHEOAH BOULEVARD #504 Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: TD () Delete Title: (X) Change ( ) Addition JOHNSON, KIM M Name: JOHNSON, KIM M Name: 300 SHEOAH BOULEVARD #504 300 SHEOAH BOULEVARD #913 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: ( ) Change (X) Addition ANTONSSON, KRISTINA DR Name: Name: 30 SHELBURNE ROAD Address: Address: City-St-Zip: City-St-Zip: STAMFORD, CT 06902 Title: () Delete Title: ( ) Change (X) Addition PARRISH, JUDY J THE HON Name: Name: 301 TAFT AVENUE Address: Address: City-St-Zip: City-St-Zip: COCOA BEACH, FL 32931 Title: () Delete Title: ( ) Change (X) Addition CHRISTY, PRYOR A Name: Name: Address: Address: 124 PEACOCK DRIVE ALTAMONTE SPRINGS, FL 32701 City-St-Zip: 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: DARIO J. MOORE PRES 04/25/2006