

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005565

FILED
Aug 25, 2006
Secretary of State

Entity Name: ROYAL DYNASTY CHEER, DANCE & GYMNASTICS ACADEMY, INC.

Current Principal Place of Business:

1240 MICCOSUKEE TRAIL
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

1240 MICCOSUKEE TRAIL
LABELLE, FL 33935

New Mailing Address:

FEI Number: 41-2178589 **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:

MINER, BOBBIE S
1207 SW 27TH STREET
CAPE CORAL, FL 33991 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: PD () Delete
Name: MARSH, CHERYL
Address: 1240 MICCOSUKEE TRAIL
City-St-Zip: LABELLE, FL 33935

Title: VD () Delete
Name: MARSH, LARRY
Address: 1240 MICCOSUKEE TRAIL
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: GUTIERREZ, MELINDA
Address: PO BOX 435
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: GUTIERREZ, MELISSA
Address: 311 OAK STREET
City-St-Zip: LABELLE, FL 33935

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: CHERYL MARSH

PD

08/25/2006

Electronic Signature of Signing Officer or Director

Date