2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N05000005565

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:

5280 RIVER BLOSSOM LN
LABELLE, FL 33935

Current Mailing Address:

1240 MICCOSUKEE TRAIL
LABELLE, FL 33935

New Mailing Address:

5280 RIVER BLOSSOM LN
LABELLE, FL 33935

FEI Number: 41-2178589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

Title: D ( ) Delete
Name: FRANCO, LEIGH
Address: 1240 MICCOSUKEE TRAIL
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARSH, CHERYL
Address: 5280 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

Title: VD (X) Change ( ) Addition
Name: MARSH, LARRY
Address: 5280 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

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: CHERYL MARSH PD 04/24/2009
Electronic Signature of Signing Officer or Director — Date