2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N05000008055

Entity Name: REVOLUTIONS DANCE INC.

Current Principal Place of Business:

411 LYNDHURST ST.
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

411 LYNDHURST ST.
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 13-4304018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHINGER, AMIE O
411 LYNDHURST ST
DUNEDIN, FL 34698 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: SCHEUNEMAN, DWAYNE A
Address: 411 LYNDHURST ST
City-St-Zip: DUNEDIN, FL 34698 US

Title: V ( ) Delete
Name: FISHINGER, AMIE O
Address: 2909 GULF TO BAY BLVD. K201
City-St-Zip: CLEARWATER, FL 33759 US

Title: DIR. ( ) Delete
Name: LAFLAM, KEVIN P
Address: 934 VALLEY VIEW CIR.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: DIR. ( ) Delete
Name: KELLEHER, LOURDES R
Address: 13903 FULLERTON DR.
City-St-Zip: TAMPA, FL 33625 US

Title: DIR. ( ) Delete
Name: PAOLO, SERGIO
Address: P.O. 975
City-St-Zip: CRYSTAL BEACH, FL 34681 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: DIR. ( ) Change (X) Addition
Name: KELLEY, VITORINO
Address: 2023 IMPERIAL WAY
City-St-Zip: CLEARWATER, FL 33764

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: AMIE O. FISHINGER V 04/21/2009

Electronic Signature of Signing Officer or Director — Date