

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N07000009319

Entity Name: PHAZES DANCE SQUAD INC.

Current Principal Place of Business:

5118 CLARION HAMMOCK DR
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

P O BOX 608214
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 77-0699832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, LEON JR
3831 SE 17TH AVE
GAINESVILLE, FL 32614 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: BAPTISTE, VANITA L
Address: P O BOX 608214
City-St-Zip: ORLANDO, FL 32860

Title: VP (X) Delete
Name: BAPTISTE, FILOMEINA
Address: P O BOX 608214
City-St-Zip: ORLANDO, FL 32860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VANITA BAPTISTE

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date