

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002198

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** UNLIMITED DANCE & ARTS ENRICHMENT, INC

**Current Principal Place of Business:**

100 EAST BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33425

**New Principal Place of Business:**

**Current Mailing Address:**

1174 WILLOW ROAD  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 26-2080433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WATSON, SANDRA D  
1174 WILLOW ROAD  
WEST PALM BEACH, FL 33406 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: WATSON, SANDRA  
Address: 1174 WILLOW ROAD  
City-St-Zip: WPB, FL 33406 US

Title: VP ( ) Delete  
Name: WATSON, MONIQUE  
Address: 775 MALIBU BAY DRIVE #305  
City-St-Zip: WPB, FL 33417

Title: SEC ( ) Delete  
Name: FLINT, MICHELLE  
Address: 4877 SABLE PINE CIRLCE #932-C1  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TRE ( ) Delete  
Name: PYRAMID BOOKSTORE  
Address: 544-2 GATEWAY BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SEC ( ) Delete  
Name: NEWTON, MARGARET  
Address: 701 NW 4TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TRE ( ) Delete  
Name: ROBINSON, STACEY  
Address: 1280 NW 21ST TERR  
City-St-Zip: DELRAY BEACH, FL 33445

**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: ( ) 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: MONIQUE WATSON

VP

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date