2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 21, 2008 8:00 am
Secretary of State
03-03-2008 90192 010 ***150.00

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1. Entity Name

THE LIFE MOVEMENT DANCE SKILLS PROGRAM, INC.

66004040

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
1710 CORNWALLIS PARKWAY CAPE CORAL FL 33904	1710 CORNWALLIS PARKWAY CAPE CORAL FL 33904

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, CAMELLIA M
1710 CORNWALLIS PARKWAY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 2/15/08
(A) Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Marion Caroddo 5299 Europa Dr Apt D Boynton Beach FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ Board member ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Romero 10725 Cleary Blvd Apt 202 Plantation FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ Vice President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Caroddo 5299 Europa Dr Apt Boyton Bch. FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ Board member ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #