2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15693

FILED Apr 23, 2009 Secretary of State

Entity Name: KAREN PETERSON AND DANCERS, INC.

Current Principal Place of Business: New Principal Place of Business:

11760 SW 72ND AVE. MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

11760 SW 72ND AVE. MIAMI, FL 33156

FEI Number: 59-2767992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PETERSON, KAREN
11760 SW 72ND AVENUE
MIAMI, FL 33156 US

PETERSON, KAREN
11760 SW 72ND AVENUE
MIAMI, FL 33156 US

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: KAREN PETERSON 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ASHLEY, DIANE
 Name:
 ASHLEY, DIANE

 Address:
 13333 SW 59TH COURT
 Address:
 1500 SAN REMO AVENUE #350

 City-St-Zip:
 S. MIAMI, FL 33156
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: SD () Delete Title: () Change () Addition Name: HENLEY, CYNTHIA Name:

 Name:
 HEINLEY, CYNTHIA
 Name:

 Address:
 7655 SW 142 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 PETERSON, KAREN
 Name:
 PETERSON, KAREN

 Address:
 11760 S.W. 72 AVE.
 Address:
 11760 S.W. 72 AVE.

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33156

Title: T () Delete Title: D (X) Change () Addition Name: FITZGERALD, ABI-WATTS Name: FITZGERALD, ABI-WATTS Address: 1111 BRICKELL AVE #2500.

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition

 Name:
 Name:
 DEGREFF, SHERYL

 Address:
 Address:
 7100 SW 114 TER

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33156

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: KAREN PETERSON PD 04/23/2009