

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31993

FILED
Apr 30, 2005
Secretary of State

Entity Name: KLEIN DANCE, INC.

Current Principal Place of Business:

811 LAKE AVENUE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

811 LAKE AVENUE
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 65-0114024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, DEMETRIUS A
811 LAKE AVE
LAKE WORTH, FL 33460 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: D () Delete
Name: KLEIN, DEMETRIUS A.,
Address: 833 VALLEY FORGE RD
City-St-Zip: W PALM BCH, FL 33405

Title: D () Delete
Name: JOHNSON-KLEIN, KATHL, EEN
Address: 833 VALLEY FORGE RD
City-St-Zip: W PALM BCH, FL 33405

Title: P () Delete
Name: MATHERS, LAUREN
Address: 19067 SE HILLCREST DR
City-St-Zip: TEQUESTA, FL 33469

Title: C () Delete
Name: JOANNE WARSHAVER,
Address: 1 NORTH BREAKERS ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Delete
Name: BROCKS, CLARENCE
Address: 457 8TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BREDER, CAROLINE,
Address: 310 SOUTH PALMWAY
City-St-Zip: LAKE WORTH, FL 33460

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 for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN E KLEIN

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date