## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like emp

SIGNATURE:

## Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N36720 1. Entity Name 04-17-2006 90335 001 \*\*\*\*61.25 LINDA DIAMOND DANCE ENSEMBLE, INC. Principal Place of Business Mailing Address BOX 1036 WOODSTOCK NY 12498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 58-1885405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAMOND, HINDI Street Address (P.O. Bo CEDAR GLENN 671 N. 1957H STREET NORTH MIAMI BEACH FL 33179 Zip Code changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of regist SIGNATURE more a FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete ■ Addition TITLE THEF Change DIAMOND, LINDA NAME NAME STREET ADDRESS BOX 1036 STREET ADDRESS CHY-ST-ZIP WOODSTOCK NY 12498 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIAMOND, HINDI NAME STREET ADDRESS 93 DORSET C STREET ADDRESS BOYTON BEACH FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition CALVO, FORTUNA NAME NAME STREET ADDRESS 888 5TH AVE STREET ADDRESS CITY-ST-ZIP NYC NY 10014 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change Addition NAME MOZMAN, MARIA NAME 355 WYOMING AVE STREET ADDRESS STREET ADDRESS MILLBURN NJ CITY-ST-ZIP CITY-ST-ZIP PD Addition ☐ Delete Change TITLE TITLE GOLDSON, HOWARD NAME NAME 6 DEMING ST STREET ADDRESS STREET ADDRESS WOODSTOCK NY 12498 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

3-18-06