2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NA5799

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90216 017 ****70.00

1. Entity Nam BLACK D	OOR DANCE ENSEMBLE	, INC.					0 1 20 2 00	0,502100		0.00	
Principal Place 11017 SW 13 MIAMI, FL 33	37 PL	POB 1	Address 16-4542 I, FL 33116 U	JS		40	NPAAra				
2. Principal P	lace of Business	3. Maili	ng Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				03172006	Chg-NP	CR2E037	7 (11/05)		
City & State	e	City	& State			4. FEI Numbe 65-0320				plied For t Applicable	
Zip	Country	Zip	***	Cou	untry	5. Certificate	of Status Desired		8.75 Add	itional	
	6. Name and Address of Curren	t Registere	d Agent		L	7. Name and	Address of New F			·	
STEWART	. KAREN				Name						
	137 PLACE				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code		
8. The above	named entity submits this statement	for the purpo	ose of changing its	register	ed office or re	egistered agent, or bot	h, in the State of Fl		miliar with.	and accept	
	tions of registered agent.	, ,			-				·	·	
SIGNATURE .	Signature, typed or printed name of registered age	nt and little if appl	icable. (NOT	E: Registere	ed Agent eignature	required when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B	\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State					
10.	OFFICEDS AND S	IDECTORS		11.		ADDITIONS (CH	ANGES TO OFFICE	RS AND DIR	ECTORS IN		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR