


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000616 1. Entity Name HORTON DANCE I, INC.	
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Principal Place of Business 4500 NW 12 COURT LAUDERHILL, FL 33313	Mailing Address 4500 NW 12 COURT LAUDERHILL, FL 33313
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DO NOT WRITE IN THIS SPACE



09222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0557972	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOZIER, ADRIENNE 4500 N.W. 12TH CT. LAUDERHILL, FL 33313	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000172535 09/27/04 00003-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOZIER, ADRIENNE 4500 NW 12 CT. LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HORTON, CLEORA 4500 NW 12 CT. LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, DIONNE 4510 NW 15 ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOZIER, ADRIENNE 4500 NW 12 CT LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Adrienne Dozier* **9-20-04** **347 743 2464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #