2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000616

Name:

Address:

City-St-Zip:

DOZIER, ADRIENNE

LAUDERHILL, FL 33313

4500 NW 12 CT

FILED Apr 30, 2007 Secretary of State

Entity Name: HORTON DANCE!, INC. **Current Principal Place of Business: New Principal Place of Business:** 4500 NW 12 COURT LAUDERHILL, FL 33313 **Current Mailing Address: New Mailing Address:** P O BOX 311 CLEMENTON, NJ 08021 FEI Number: 65-0557972 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: DOZIER, ADRIENNE 4500 N.W. 12TH CT. LAUDERHILL, FL 33313 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DOZIER, ADRIENNE Name: Name: Address: 4500 NW 12 CT. Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: HORTON, CLEORA Name: Address: 4500 NW 12 CT. Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: DS () Delete Title: () Change () Addition ROBINSON, DIONNE Name: Name: Address: 4510 NW 15 ST Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ADRIENNE UNAE DOZIER DP 04/30/2007