2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008
Secretary of State

DOCUMENT# N95000000616

Entity Name: HORTON DANCE !, INC.

Current Principal Place of Business:

4500 NW 12 COURT
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

P O BOX 311
CLEMENTON, NJ 08021

New Mailing Address:

FEI Number: 65-0557972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOZIER, ADRIENNE
4500 N.W. 12TH CT.
LAUDERHILL, FL 33313 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: DP ( ) Delete
Name: DOZIER, ADRIENNE
Address: 4500 NW 12 CT.
City-St-Zip: LAUDERHILL, FL 33313

Title: DVP ( ) Delete
Name: HORTON, CLEORA
Address: 4500 NW 12 CT.
City-St-Zip: LAUDERHILL, FL 33313

Title: DS ( ) Delete
Name: ROBINSON, DIONNE
Address: 4510 NW 15 ST
City-St-Zip: LAUDERHILL, FL 33313

Title: T ( ) Delete
Name: DOZIER, ADRIENNE
Address: 4500 NW 12 CT
City-St-Zip: LAUDERHILL, FL 33313

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:

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.

SIGNATURE: ADRIENNE UNAE DOZIER DP 05/23/2008
Electronic Signature of Signing Officer or Director — Date