

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005315

FILED
Aug 29, 2007
Secretary of State

Entity Name: EXPRESSIONS - THE DANCE COMPANY, INC.

Current Principal Place of Business:

6646/48 RIDGE RD
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

PO BOX 5737
HUDSON, FL 34674 US

New Mailing Address:

FEI Number: 59-3474775 **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:

DAVIS, MICHAEL J
6648 RIDGE ROAD
PORT RICHEY, FL 34668 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: D (X) Delete
Name: TRACEY, LINDA
Address: 5662 HIASPRING AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD () Delete
Name: DAVIS, MICHAEL J
Address: 13100 STARBOARD CT.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: DAVIS, ALISON
Address: 13100 STARBOARD CT.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: DAVIS, GILLIAN
Address: 13100 STARBOARD COURT
City-St-Zip: HUDSON, FL 34667

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: MICHAEL J.DAVIS

STD

08/29/2007

Electronic Signature of Signing Officer or Director

Date