2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005845

Entity Name: DANCE OCALA, INC.

Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1601 NE. 25TH AVENUE STE. 706 1807 SE 33RD LANE OCALA, FL 34470 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

1807 SE 33RD LANE 1105 N.E. 46TH CT. OCALA, FL 34471 OCALA, FL 34470

FEI Number: 59-3292029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATTHEWS, KAREN MATTHEWS, KAREN 9430 SOUTH MAGNOLIA AVENUE 501 SW 96 LANE OCALA, FL 34476 US OCALA, FL 34476

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: 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCCREIGHT, DEBBIE MCCREIGHT, DEBBIE Name: Name:

1105 N.E. 46TH COURT Address: 1807 SE 33RD LANE Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34471

Title: Title: PRES (X) Change () Addition () Delete MATTHEWS, KAREN

Name: MATTHEWS, KAREN Name: Address: 501 SW 96 LANE Address: 9430 SOUTH MAGNOLIA AVENUE

City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34476

Title: () Delete Title: SEC (X) Change () Addition MATCHETT, BETTY SHURTER, LAURA Name: Name:

10 HICKORY LOOP WAY Address: Address: 5105 SE 4TH STREET City-St-Zip: OCALA, FL 34472 City-St-Zip: OCALA, FL 34471

Title: () Delete Title: TREA (X) Change () Addition

Name: POLE, THERESA Name: POLE, THERESA 3419 SE 41ST PL Address: Address: 3419 SE 41ST PL City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34480

2VP Title: () Delete Title: 2VP (X) Change () Addition

MORRIS, MARY SULLIVAN, DAVID Name: Name: 1624 SE 13TH ST. 6460 SW 12TH COURT Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34474

Title: () Delete Title: () Change () Addition

SULLIVAN, MONICA Name: Address: 6460 SW 12 CT Address: OCALA, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN MATTHEWS **PRES** 04/27/2005