


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000071380</b> 1. Entity Name <b>DANCE ARTISTS ENTERPRISES, INC.</b>	
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Principal Place of Business <b>2930 MYRTLE OAK CIRCLE DAVIE FL 33328-6737</b>	Mailing Address <b>2930 MYRTLE OAK CIRCLE DAVIE FL 33328-6737</b>
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1st MOORE      CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt #, etc. City & State Zip      Country
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4. FEI Number <b>65-1035467</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>SZONY, FRANCOIS 2930 MYRTLE OAK CIRCLE DAVIE FL 33328-6737</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	GARDELLA, TONI ANN
STREET ADDRESS	2930 MYRTLE OAK CIRCLE
CITY - ST - ZIP	DAVIE FL 33328-6737
TITLE	PD <input type="checkbox"/> Delete
NAME	SZONY, FRANCOIS
STREET ADDRESS	2930 MYRTLE OAK CIRCLE
CITY - ST - ZIP	DAVIE FL 33328-6737
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000325589  
04/23/05-80022-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:** *Toni Ann Gardella*      **4-20-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #