## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2007 08:00 AM **Secretary of State** DOCUMENT # P01000063068 1. Entity Name WILSON'S DANCESPORT INTERNATIONAL, INC. Principal Place of Business Mailing Address 2272 MAIN STREET 2272 MAIN STREET SARASOTA, FL 34237 SARASOTA, FL 34237 No Chg-P CR2E034 (11/05) 01122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1115957 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARRERA, WILSON DO NOT WRITE 2272 MAIN STREET SARASOTA, FL 34237 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apeni signature required when (dinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BARRERA, WILSON NAME STREET ADDRESS 2272 MAIN STREET CITY-ST-ZIP SARASOTA, FL 34237 U00000617371 02/07/07-80072-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or type 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.

SIGNATURÉ

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

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Daytim

FILED