
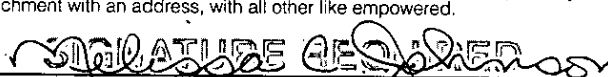


FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90133 014 ***150.00

10006478

☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000066423		Secretary of State 01-17-2003 90133 014 ***150.00	
1. Entity Name DANCING DRAGONFLYS, INC.			
Principal Place of Business 3 OCEANS W BLVD 1-D-5 DAYTONA BCH SHORES FL 32118		Mailing Address 3 OCEANS W BLVD 1-D-5 DAYTONA BCH SHORES FL 32118	
2. Principal Place of Business 226A BEACH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Daytona BEACH FL		City & State	
Zip 32114	Country USA	Zip	Country
4. FEI Number 04-3689477		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, JEROME D ESQUIRE RIGGIO & MITCHELL, P.A. 400 S PALMETTO AVE DAYTONA BCH FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DPS BRADSHER, KAREN 3 OCEANS W BLVD 1-D-5 DAYTONA BCH SHORES FL 32118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DVT JOHNSON, MELISSA 3 OCEANS W BLVD 1-D-5 DAYTONA BCH SHORES FL 32118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D JOHNSON, MICHAEL P 3 OCEANS W BLVD 1-D-5 DAYTONA BCH SHORES FL 32118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		1.14.03 606-977-3164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	