

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090073

FILED
Jan 29, 2004
Secretary of State

Entity Name: EAST COAST BALLET, INC.

Current Principal Place of Business:

1401 PENMAN RD UNIT E
JACKSONVILLE BCH, FL 32250

New Principal Place of Business:

1401-E PENMAN ROAD
SUITE E & F
JACKSONVILLE BCH, FL 32250 US

Current Mailing Address:

517 MCCOLLUM CIR
NEPTUNE BCH, FL 32266

New Mailing Address:

1401-E PENMAN ROAD
SUITE E & F
JACKSONVILLE BCH, FL 32250 US

FEI Number: 51-0421034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDE, MINDI L
517 MCCOLLUM CIR
NEPTUNE BCH, FL 32266 US

Name and Address of New Registered Agent:

MENDE, MINDI L
1401-E PENMAN ROAD
SUITE E & F
JACKSONVILLE BCH, FL 32250 US

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: MINDI L MENDE

01/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MENDE, MINDI L
Address: 517 MCCOLLUM CIR
City-St-Zip: NEPTUNE BCH, FL 32266

Title: VST () Delete
Name: MENDE, RICK T
Address: 517 MCCOLLUM CIR
City-St-Zip: NEPTUNE BCH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MENDE, MINDI L
Address: 1401-E PENMAN ROAD
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

Title: VST (X) Change () Addition
Name: MENDE, RICK T
Address: 1401-E PENMAN ROAD
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINDI L MENDE

DP

01/29/2004

Electronic Signature of Signing Officer or Director

Date