

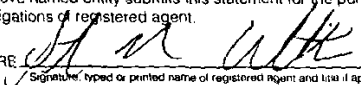
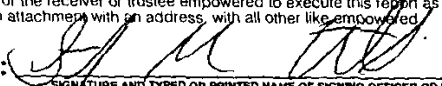


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90004 037 \*\*\*158.75

<b>DOCUMENT # P02000108253</b>					
1. Entity Name <b>FLORIDA DANCESPORT INC.</b>					
Principal Place of Business <b>11985 TAMiami TRAIL NORTH SUITE A NAPLES, FL 34102 US</b>		Mailing Address <b>11985 TAMiami TRAIL NORTH SUITE A NAPLES, FL 34102 US</b>		 05032005 Chg-I CR2E034(10/02) 04-05	
2. Principal Place of Business		3. Mailing Address <b>13251 Corbel Circle Dr. Apt #1522 Fort Myers</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-1036990</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILKIE, STEVEN N 13161 CORBEL CIRCLE 836 FT. MYERS, FL 33907</b>				7. Name and Address of New Registered Agent	
				Name <b>Steven Wilkie</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>13251 Corbel Circle Dr. 1522</b>	
				City <b>Fort Myers</b> <del>FL</del> <b>FL</b> Zip Code <b>33907</b>	
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 				DATE <b>5-1-05</b>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKIE, STEVEN		NAME	Steven Wilkie	
STREET ADDRESS	13161 CORBEL CIRCLE, APT. 836		STREET ADDRESS	13251 Corbel Circle Dr. #1522	
CITY-ST-ZIP	FT. MYERS, FL 33907		CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	OM	<input checked="" type="checkbox"/> Delete	TITLE	OM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDLE, DAMARIS C		NAME	Geneane Fleck	
STREET ADDRESS	4620 ST. CROIX LANE #925		STREET ADDRESS	FL 33907	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	13251 Corbel Circle Dr. #1522 Fort Myers	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE <b>5-1-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	