2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113174

Entity Name: SUNFLOWER DANCE ACADEMY, INC.

FILED Apr 21, 2004 Secretary of State

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8753 N.W. 50 STREET 9999 SUMMERBREEZE DRIVE

UNIT #7 APT. # 302

LAUDERHILL, FL 33351 SUNRISE, FL 33322 US

Current Mailing Address: New Mailing Address:

8753 N.W. 50 STREET 9999 SUMMERBREEZE DRIVE

UNIT #7 APT. # 302 LAUDERHILL, FL 33351 SUNRISE, FL 33322

FEI Number: 06-1654581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AREFIERA, ANTONINA
9999 SUMMER BREEZE DR. #302
9999 SUMMER BREEZE DRIVE

SUNRISE, FL 33322 US APT. # 302 SUNRISE, FL 33322 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: AREFIEVA ANTONINA 04/21/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PD () Delete Title: PD (X) Change () Addition

Name: AREFIVA, ANTONIA Name: AREFIEVA, ANTONINA

Address: 9999 SUMMERBREEZE DR., #302 Address: 9999 SUMMERBREEZE DR., #302

City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: EROUENI, MOLODINE Name: EVGUENI, MOLODINE

Address: 9999 SUMMERBREEZE DR. #302 Address: 9999 SUMMERBREEZE DR. #302

City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322 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: MOLODINE EVGUENI VPD 04/21/2004