


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90282 001 ***150.00

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| DOCUMENT # P02000124245 |  |
| 1. Entity Name ON TOUR DANCE CHALLENGE, INC. | |

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| Principal Place of Business 1007 N HIMES AVE TAMPA, FL 33609 | Mailing Address 1007 N HIMES AVE TAMPA, FL 33609 |
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| 2. Principal Place of Business 3040 W. Cypress | 3. Mailing Address P.O. Box 26141 |
| Suite, Apt. #, etc. Suite B-1 C | Suite, Apt. #, etc. |
| City & State Tampa FL | City & State Tampa FL |
| Zip 33609 | Country Hillborough |
| Zip 33623-6141 | Country Hillborough |



03302005 Chg-P CR2E034 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 8. Name and Address of Current Registered Agent LOTO, CHRISTOPHER 1007 N HIMES AVE TAMPA, FL 33609 | |
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| 7. Name and Address of New Registered Agent Name CHRIS LOTO Street Address (P.O. Box Number is Not Acceptable) 3040 W. Cypress Street Suite B-1 C City Tampa FL Zip Code 33609 | |
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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 re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ERNST, MATTHEW 1007 N HIMES AVE TAMPA, FL 33609 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOTO, CHRISTOPHER J 1007 N. HIMES AVE. TAMPA, FL 33607 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Matthew C. Ernst 3040 W. Cypress St. Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Christopher J. Loto 3040 W. Cypress St. Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: _____ **4-25-05** **813-376-8687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #