2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000009468 07-09-2004 90005 047 ***150.00 1. Entity Name THEO & GANINE'S DANCE CENTER, INC. Mailing Address Principal Place of Business 11450 OVERSEAS HIGHWAY, SVITE 203 MARATHON, FL 33050 11450 OVERSEAS HIGHWAY, Suite 203 54060904 MARATHON, FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06222004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number 38-3671225 Applied For Not Applicable - 127 Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DERLETH, THEO J. 25 GEAVIEW AVENUE 641 11th Street Street Address (P.O. Box Number is Not Acceptable) MARATHON, FL 33050 MAILING ADDRESS Key Colony Beach o overseas thus City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ■ Addition TITLE President: NAME NAME Theo Derleth STREET ADDRESS STREET ADDRESS 11450 Overseas Hwy.,#203 Marathon, Fl. 33050 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Vice-President NAME NAME Ganine Derleth STREET ADDRESS STREET ADDRESS 11450 Overseas Hwy., #203 CITY-ST-ZIP CITY-ST-7IP 33050 ____ Change ___ _ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change '☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED Jul 09, 2004 8:00 am

305-7<u>43-066</u>0