
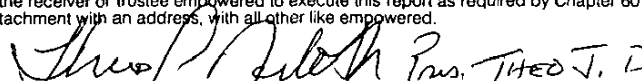


**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P03000009468</b>					
1. Entity Name <b>THEO &amp; GANINE'S DANCE CENTER, INC.</b>					
Principal Place of Business <b>11450 OVERSEAS HIGHWAY - SUITE 203 MARATHON, FL 33050</b>			Mailing Address <b>11450 OVERSEAS HIGHWAY - SUITE 203 MARATHON, FL 33050</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
6. Name and Address of Current Registered Agent					
<b>DERLETH, THEO J</b> <b>11450 OVERSEAS HIGHWAY - SUITE 203</b> <b>MARATHON, FL 33050</b>				Name	
				Street Address	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Add		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P DERLETH, THEO 11450 OVERSEAS HIGHWAY - SUITE 203 MARATHON, FL 33050 <input type="checkbox"/> Delete		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP DERLETH, GANINE 11450 OVERSEAS HIGHWAY - SUITE 203 MARATHON, FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					