


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90387 029 \*\*\*150.00

DOCUMENT # P03000050481

1. Entity Name  
**DANA'S DANCE WORLD, INCORPORATED**



Principal Place of Business Mailing Address

902 S. STATE RD 19 902 S. STATE RD 19  
 PALATKA, FL 32177 PALATKA, FL 32177

00043300



03282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 3. Mailing Address

*314 N. Hwy 17* *314 N. Hwy 17*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

*Palatka, Florida* *Palatka, Florida*

Zip Country Zip Country  
*32177 U.S.* *32177 U.S.*

4. FEI Number Applied For  
 90-0070989 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAMLITT, DENISE  
 902 S. STATE RD 19  
 PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*314 N. Hwy 17*  
 City *Palatka,* FL Zip Code *32177*

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MICHELLE, LINDSEY	
STREET ADDRESS	148 HIWATHA CT	
CITY-ST-ZIP	E PALATKA, FL 32131	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BRAMLITT, DENISE	
STREET ADDRESS	148 HIWATHA CT	
CITY-ST-ZIP	E PALATKA, FL 32131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lindy Bratt* *3.31.06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #