## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000082893

FILED Feb 26, 2009 Secretary of State

Entity Name: DAGER BALLET INSTITUTE FOR DANCE EDUCATION, INC.

| Current Principal Place of Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | New Principal Place of Business:                                                                                                                                   |                                             |                                               |
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| SUITE D-8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18TH STREE <sup>T</sup><br>8<br>.TON, FL 3343                                                                                                      |                                                                                                                                                                    |                                             |                                               |
| Current Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    | New Mailing Address:                                                                                                                                               |                                             |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ST HILLSBOR                                                                                                                                        | O BLVD                                                                                                                                                             |                                             |                                               |
| E-102<br>COCONU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IT CREEK, FL                                                                                                                                       | 33073                                                                                                                                                              |                                             |                                               |
| El Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r: 14-1892367                                                                                                                                      | FEI Number Applied For ( )                                                                                                                                         | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)             |
| lame and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d Address of                                                                                                                                       | Current Registered Agent:                                                                                                                                          | Name and Address                            | of New Registered Agent:                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GERMAN<br>ST HILLSBORG                                                                                                                             |                                                                                                                                                                    |                                             |                                               |
| COCONU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IT CREEK, FL                                                                                                                                       | 330/3 03                                                                                                                                                           |                                             |                                               |
| he above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                    | purpose of changing its registere           | ed office or registered agent, or both,       |
| he above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e named entity<br>e of Florida.                                                                                                                    |                                                                                                                                                                    | purpose of changing its registere           | ed office or registered agent, or both,       |
| he above<br>the Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e named entity<br>e of Florida.<br>RE:                                                                                                             |                                                                                                                                                                    |                                             | ed office or registered agent, or both,  Date |
| The above<br>in the State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e named entity<br>e of Florida.<br>RE:<br>Electro                                                                                                  | submits this statement for the                                                                                                                                     |                                             |                                               |
| The above<br>the State<br>SIGNATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e named entity<br>e of Florida.<br>RE:<br>Electro                                                                                                  | submits this statement for the nic Signature of Registered Ag                                                                                                      | ent                                         |                                               |
| The above<br>the State<br>SIGNATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  P (  DAGER, GERI 3681 WEST H                                            | submits this statement for the nic Signature of Registered Age Trust Fund Contribution ( ).                                                                        | ent                                         | Date                                          |
| The above in the State SIGNATU Election Caron Ca | e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  P ( DAGER, GERIT 3681 WEST H COCONUT CRIT  V ( SUSANJ, DAN, 4772 NW 5TH | submits this statement for the nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete MAN ILLSBORO ROAD E-102 IEEK, FL 33073  ) Delete A | ent  ADDITIONS/CHANG  Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR              |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GERMAN DAGER PD 02/26/2009