2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2008 08:00 All Secretary of State DOCUMENT # P03000101259 FUSION CHEER AND DANCE, INC. Mailing Address Principal Place of Business 5060 HICKORY WOOD DR. 5060 HICKORY WOOD DR. NAPLES, FL 34119-1418 NAPLES, FL 34119-1418 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0165791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CECIL, LAURA 5060 HICKORY WOOD DR. NAPLES, FL 34119-1418 IN THIS SPACE 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 parited name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 000000888356 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/22/08-80007-012 150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CECIL, LAURA STREET ADDRESS 5060 HICKORY WOOD DR. NAPLES, FL 341191418 CHY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7/P TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAMË STREET ADDRESS CITY - ST - ZIP

12. Thereby 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 suppliemental 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED