


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90236 003 ***150.00

DOCUMENT # P03000125577
 1. Entity Name
 DANCIN ASSOCIATES, INC.



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|--|--|
| Principal Place of Business 2503 GREY TWIG LANE FT PIERCE, FL 34981 721 SE Polynesian Ave PORT ST. LUCIE, FL 34983 | Mailing Address 2503 GREY TWIG LANE FT PIERCE, FL 34981 721 SE Polynesian Ave PORT ST. LUCIE, FL 34983 |
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 84-1627490 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
 EAMES, JOHN T
 2503 GREY TWIG LANE
 FT PIERCE, FL 34981
721 SE Polynesian Ave
PORT ST. LUCIE FL
34983

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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: *JOHN T. EAMES* *John T. Eames* *1/10/2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | DP EAMES, JOHN T 2503 GREY TWIG LANE FT PIERCE, FL 34981 <i>721 SE Polynesian Ave</i> <i>PORT ST LUCIE, FL 34983</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CONBOY, MOLLIE J 3743 SO WEST FINDLEY PT ST LUCIE, FL 34983 <i>Correct</i> |
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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: *John T. Eames* *Jan 9-06* *561/596-1380*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #