


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.



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
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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

DO NOT WRITE 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: *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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 #