


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90013 025 ***150.00

DOCUMENT # P03000125577

1. Entity Name
DANCIN ASSOCIATES, INC.



Principal Place of Business
**721 SE. POLYNESIAN AVE
 PORT SAINT LUCIE, FL 34983**

Mailing Address
**721 SE. POLYNESIAN AVE
 PORT SAINT LUCIE, FL 34983**

40054602



2. Principal Place of Business - No P.O. Box #
2503 Grey Twig Ln.

3. Mailing Address
2503 Grey Twig Ln.

Suite, Apt. #, etc.

03282008 Chg-P CR2E034 (12/06)

City & State
Fort Pierce Florida

City & State
Fort Pierce FL

Zip
34981

Country
ST. Lucie

Zip
34981

Country
ST. Lucie

4. FEI Number
84-1627490

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EAMES, JOHN T
 721 SE POLYNESIAN AVE
 PORT SAINT LUCIE, FL 34983**

7. Name and Address of New Registered Agent

Name
JOHN T. EAMES

Street Address (P.O. Box Number is Not Acceptable)
2503 GREY TWIG LANE

City
FT. PIERCE

FL Zip Code
34981

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* DATE **3/29/2008**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EAMES, JOHN T 721 SE POLYNESIAN AVE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EAMES, BARBARA A 721 SE POLYNESIAN AVE PT ST LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **JOHN T. EAMES** DATE **3/29/2008** 561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **5961350**