

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90259 043 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                     |                                                                                       |                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000026682</b><br>1. Entity Name<br><b>DANCE DIRECT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                     |                                                                                       |                                                                                                                                                           |  |
| Principal Place of Business<br><b>1322 NW 139TH AVENUE<br/>PEMBROKE PINES, FL 33028</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                     | Mailing Address<br><b>P.O. BOX 260025<br/>PEMBROKE PINES, FL 33026</b>                |                                                                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 3. Mailing Address                                                                  |                                                                                       |                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Suite, Apt. #, etc.                                                                 |                                                                                       |                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | City & State                                                                        |                                                                                       |                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                         | Zip                                                                                 | Country                                                                               | 4. FEI Number <b>841638038</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     |                                                                                       | <b>\$8.75</b> Additional<br>Fee Required                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                     | 7. Name and Address of New Registered Agent                                           |                                                                                                                                                           |  |
| <b>HUS, SHIRI<br/>1322 NW 139 AVENUE<br/>PEMBROKE PINES, FL 33028</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                                                                           |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                     |                                                                                       |                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                       | <b>\$5.00</b> May Be<br>Added to Fees                                                                                                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                          |                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                               | <input type="checkbox"/> Delete                                                     | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>HUS, SHIRI</b>               |                                                                                     | NAME                                                                                  |                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1322 NW 139 AVENUE</b>       |                                                                                     | STREET ADDRESS                                                                        |                                                                                                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>PEMBROKE PINES, F; 33028</b> |                                                                                     | CITY-ST-ZIP                                                                           |                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     | NAME                                                                                  |                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                     | STREET ADDRESS                                                                        |                                                                                                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                     | CITY-ST-ZIP                                                                           |                                                                                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     | NAME                                                                                  |                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                     | STREET ADDRESS                                                                        |                                                                                                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                     | CITY-ST-ZIP                                                                           |                                                                                                                                                           |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     | NAME                                                                                  |                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                     | STREET ADDRESS                                                                        |                                                                                                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                     | CITY-ST-ZIP                                                                           |                                                                                                                                                           |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     | NAME                                                                                  |                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                     | STREET ADDRESS                                                                        |                                                                                                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                     | CITY-ST-ZIP                                                                           |                                                                                                                                                           |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                     | Date <b>4-16-05</b> (9) <b>274-1608</b><br><small>Daytime Phone #</small>             |                                                                                                                                                           |  |

**66021749**



04052005 Chg-P CR2E034 (10/03)