2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026682

FILED Apr 04, 2007 Secretary of State

Entity Name: DANCE DIRECT, INC. **Current Principal Place of Business: New Principal Place of Business:** 1322 NW 139TH AVENUE PEMBROKE PINES, FL 33028 **Current Mailing Address: New Mailing Address:** P.O. BOX 260025 PEMBROKE PINES, FL 33026 FEI Number: 84-1638038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILAD, ORLI 10436 NW 6 ST PEMBROKE PINES,, FL 33026 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

HUS, SHIRI HUS, SHIRI Name: Name: 1322 NW 139 AVENUE 1322 NW 139 AVENUE Address: Address: City-St-Zip: PEMBROKE PINES, F; 33028 City-St-Zip: PEMBROKE PINES, FL 33028 Title: VΡ Title: () Change () Addition () Delete

Name: ORLI, GILAD Name: 10436 NW 6 ST Address: Address: PEMBROKE PINES, FL 33026 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: ORLI GILAD 04/04/2007