

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 016 ***150.00

DOCUMENT # P04000118006 1. Entity Name WELLINGTON CHEER AND DANCE INC			
Principal Place of Business 1722 DORCHESTER PLACE WELLINGTON, FL 33414		Mailing Address 1722 DORCHESTER PLACE WELLINGTON, FL 33414	
2. Principal Place of Business 1205 Essex Drive Suite, Apt. #, etc.		3. Mailing Address 1205 Essex Dr. Suite, Apt. #, etc.	
City & State Wellington, FL 33414 Country U.S.		City & State Wellington, FL 33414 Country U.S.	
4. FEI Number 20-1559165		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREWSTER, CHRISTINA 1722 DORCHESTER PLACE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Christina Brewster Street Address (P.O. Box Number is Not Acceptable) 1205 Essex Dr. City Wellington FL Zip Code 33414	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P/D BREWSTER, CHRISTINA 1722 DORCHESTER PLACE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Christina Brewster 1205 Essex Dr. Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Christina Brewster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/14/05</u> <small>Date</small> (561) 202-48540 <small>Daytime Phone #</small>	