

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90023 039 ***150.00

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1. Entity Name
PERFORMING DANCE ARTS, INC.

Principal Place of Business
**5241 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**

Mailing Address
**5241 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**

60015386



2. Principal Place of Business
**1970 Highway 87
Suite 104
Navarre, FL
32566 USA**

3. Mailing Address
**1970 Highway 87
Suite 104
Navarre, FL
32566 USA**

02102006 Chg-P CR2E034 (11/05)

4. FEI Number
90-0222720

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCAIN, JANA
5241 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent

Name **Jana McCain**
Street Address (P.O. Box Number is Not Acceptable)
**1970 Highway 87, Suite 104
Navarre FL 32566**

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 **Jana McCain**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/06
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	PRES MCCAIN, JANA 5241 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CHRISTOPHER, TRISTA 5241 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 **Jana McCain 2/10/06**