


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90004 049 \*\*\*150.00

**DOCUMENT # P04000127403**

1. Entity Name  
**ALLEN DANCE SERVICES, INC.**



Principal Place of Business *OLD*      Mailing Address *OLD*  
~~33 DRIFTWOOD AVE SW~~      ~~33 DRIFTWOOD AVE SW~~  
~~FT WALTON BEACH, FL 32548~~      ~~FT WALTON BEACH, FL 32548~~

40025534



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

6 Cambridge Ave. NE  
 Fort Walton Beach, FL 32547

6 Cambridge Ave. NE  
 Fort Walton Beach, FL 32547

City & State      City & State

Zip      Country      Zip      Country

01232007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 20-1660924      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

ALLEN, SHARON  
 33 DRIFTWOOD AVE SW  
 FT WALTON BEACH, FL 32548

Name  
 6 Cambridge Ave. NE  
 Fort Walton Beach, FL 32547

City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 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	D ALLEN, SHARON L 33 DRIFTWOOD AVE SW FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 Cambridge Ave. NE Fort Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, TODD E 33 DRIFTWOOD AVE SW FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 Cambridge Ave. NE Fort Walton Beach, FL 32547
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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 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: *Sharon Allen*      Date: 2/18/07      Daytime Phone #: 830-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #