FILED
May 25, 2006 8:00 am
Secretary of State
04-20-2006 90216 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000014081

1. Entity Name
DANCING ELK, INC.

Principal Place of Business	Mailing Address
6749 ABADY LANE NORTH PORT, FL 34286	6749 ABADY LANE NORTH PORT, FL 34286

66017279

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
150 BROADWAY		PO BOX 1731	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc.	
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL	
Zip 34223	Country US	Zip 34295	Country US

4. FEI Number 20-2300922 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERETZ, SCOTT
6749 ABADY LANE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name SCOTT PERETZ
Street Address (P.O. Box Number is Not Acceptable)
150 BROADWAY, #202
City ENGLEWOOD FL Zip Code 34223

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 [signature] SCOTT PERETZ PRESIDENT 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERETZ, SCOTT 6749 ABADY LANE NORTH PORT, FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERETZ, SCOTT 150 BROADWAY, #202 ENGLEWOOD FL 34223	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] SCOTT PERETZ 4/3/06 941-726-1917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #