

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/24

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90403 042 ***158.75

DOCUMENT # P05000057320 1. Entity Name SHALL WE DANCE, INC.			
Principal Place of Business 441 S STATE RD 7 #15 MARGATE, FL 33068		Mailing Address 441 S STATE RD 7 #15 MARGATE, FL 33068	
2. Principal Place of Business 3333 W Commercial Suite, Apt. #, etc. 110		3. Mailing Address 3333 W Commercial Suite, Apt. #, etc. 110	
City & State Ft. Lauderdale Fl.		City & State Ft. Lauderdale Fl.	
Zip 33309		Country US	
4. FEI Number 20-2699859		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HOWITT, STUART 441 S STATE RD 7 #15 MARGATE, FL 33068	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3333 W Commercial Blvd #110 City Ft. Lauderdale FL Zip Code 33309		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, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) 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	D ARGYROPOLOUS, DORA 865 SE 21 AVE DEERFIELD BCH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4 13 06 Daytime Phone: 254 427 2513	