


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90002 018 \*\*\*550.00

<b>DOCUMENT # P06000064722</b> 1. Entity Name <b>ON POINTE DANCE STUDIO, INC</b>			
Principal Place of Business <b>2597 HIDDEN POND WAY PALM CITY, FL 34990</b>		Mailing Address <b>2597 HIDDEN POND WAY PALM CITY, FL 34990</b>	
2. Principal Place of Business - No P.O. Box # <b>4235 SW High Meadow Ave.</b>		3. Mailing Address <b>4235 SW High Meadow Ave.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Palm City, FL</b>		City & State <b>Palm City, FL</b>	
Zip <b>34990</b>		Zip <b>34990</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4868762</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FLEMING, CHERYL L 2597 HIDDEN POND WAY PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4235 S.W. High Meadow Avenue</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>	
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 <u><i>Cheyl Fleming</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S FLEMING, CHERYL L 2597 SW HIDDEN POND WAY PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nancy Z. Fleming 4235 S.W. High Meadow Avenue Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.T FLEMING, NANCY Z 2597 SW HIDDEN POND WAY PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cheryl L. Fleming 4235 S.W. High Meadow Avenue Palm City, FL 34990
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
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
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 another like empowered.			
SIGNATURE: <u><i>Cheyl Fleming</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # <b>800-752-4624</b>	

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