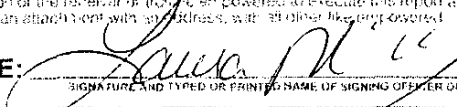


FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90009 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000079407			
1. Entity Name DANCE ACADEMY OF SANTA ROSA, INC.			
Principal Place of Business 5134 CAROLINE STREET MILTON, FL 32570		Mailing Address 5134 CAROLINE STREET MILTON, FL 32570	
2. Principal Place of Business - No P.O. Box # 5250 STEWART STREET		3. Mailing Address 6358 SUNNYSIDE DRIVE	
State Apt. #, etc.		State Apt. #, etc.	
City & State MILTON, FL		City & State MILTON, FL	
Zip 32570		Zip 32570	
Country SANTA ROSA		Country SANTA ROSA	
4. FEI Number 14-1965926		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, ARISTIDES J 425 WEST COLONIAL DRIVE SUITE 101 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature required on form. If the agent is a corporation, the signature of the president or officer is required. If the agent is an individual, the signature of the individual is required.			
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	PD MCCRORY, LAURA 6358 SUNNYSIDE DRIVE MILTON, FL 32570 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T MCCRORY, DONALD 6358 SUNNYSIDE DRIVE MILTON, FL 32570 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S WHITE, SARA 6358 SUNNYSIDE DRIVE MILTON, FL 32570 ☒ 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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 individual or trust or am 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 any address, with all other like proposals.			
SIGNATURE: 		3/19/07 850623-0232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			