

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 024 ***150.00

DOCUMENT # P06000095537 1. Entity Name DANCEXPERIENCE I, INC.			
Principal Place of Business 5210 EAGLE ISLAND DRIVE LAND O LAKES, FL 34639		Mailing Address 5210 EAGLE ISLAND DRIVE LAND O LAKES, FL 34639	
2. Principal Place of Business - No P.O. Box # 36813 SR 52	3. Mailing Address Suite, Apt. #, etc.		
City & State Dade City, FL		City & State Suite, Apt. #, etc.	
Zip 33525	Country FL	4. FEI Number 22-3938273	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Denise M. Lukacik Street Address (P.O. Box Number is Not Acceptable) 5210 Eagle Island Dr City Land O Lakes FL Zip Code 34639	
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>Denise M. Lukacik</i></u> DATE <u>9/06/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUKACIK, DENISE M 5210 EAGLE ISLAND DRIVE LAND O LAKES, FL 34639	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
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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: <u><i>Denise M. Lukacik</i></u> Denise M. Lukacik		Date <u>9/06/07</u> Daytime Phone # <u>813-9916-4868</u>	