2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000053324

1. Entity Name
DONNA TUCCI'S SCHOOL OF DANCE, INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

10245 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411 Mailing Address

10245 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411



01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0512995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUCCI, DONNA M DO NOT WRITE 10678 PELICAN DR WELLINGTON, FL 33414 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TUCCI, DONNA M STREET ADORESS 10678 PELICAN DR CITY-ST-ZIP WELLINGTON, FL 33414 TITLE 000000577842 01/03/07-80005-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 attactyment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP- . . .

GNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTO

tresident

15/07 56-195-0