



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90377 023 ***150.00

DOCUMENT # P94000054749					
1. Entity Name DANCEMANIA, INC.					
Principal Place of Business 14333-3 BEACH BLVD. JACKSONVILLE BEACH, FL 32250 US			Mailing Address 14333-3 BEACH BLVD. JACKSONVILLE BEACH, FL 32250 US		
2. Principal Place of Business - No P.O. Box # 12226 Beach Blvd. Suite, Apt. #, etc. #12, #13		3. Mailing Address 5840 Theed St. Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3257098	
Zip 32246		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, BETTY J 5840 THEED STREET JACKSONVILLE, FL 32211			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. <i>Change address location:</i> SIGNATURE <u>Betty J. Willis</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME WILLIS, BETTY J		<input type="checkbox"/> Delete		
STREET ADDRESS 5840 THEED ST	CITY - ST - ZIP JACKSONVILLE, FL 32211		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME WILLIS, LEA		<input type="checkbox"/> Delete		
STREET ADDRESS 5840 THEED ST	CITY - ST - ZIP JACKSONVILLE, FL 32211		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME VANHEUSEN, CARMEL		<input type="checkbox"/> Delete		
STREET ADDRESS 1618 BIRCHWOOD ROAD	CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250		<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 all other like empowered.					
SIGNATURE: <u>Betty J. Willis / Betty J. Willis</u> 4/25/08 (904) 743-5696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					