2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P94000056210

Entity Name: BARBARA THOMPSON SCHOOL OF DANCE, INC.

Current Principal Place of Business:

5532 FLORAL AVENUE
JACKSONVILLE, FL 32211

New Principal Place of Business:

8595 BEACH BLVD
SUITE 310
JACKSONVILLE, FL 32216

Current Mailing Address:

5532 FLORAL AVENUE
JACKSONVILLE, FL 32211

New Mailing Address:

8595 BEACH BLVD
SUITE 310
JACKSONVILLE, FL 32216

FEI Number: 59-3261208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, BARBARA P
5532 FLORAL AVENUE
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMPSON, BARBARA P
Address: 5532 FLORAL AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD ( ) Delete
Name: THOMPSON, JOHN B
Address: 5532 FLORAL AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete
Name: THOMPSON, AMANDA
Address: 5532 FLORAL AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: THOMPSON, AMANDA
Address: 1030 4TH STREET NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA THOMPSON PD 02/24/2009
Electronic Signature of Signing Officer or Director — Date