

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P95000002134														
1. Entity Name DANCE EXPLOSION, INC.														
Principal Place of Business 1806 N 39 AVE HOLLYWOOD, FL 33021 US		Mailing Address 1806 N 39 AVE HOLLYWOOD, FL 33021 US												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent DUFFY, LORI 1806 N 39 AVE HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE												
7. The above named entity submits the 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees												
10 OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PSTD DUFFY, LORI 1806 N 39 AVE, HOLLYWOOD, FL 33021</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUFFY, LORI 1806 N 39 AVE, HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an interest with all other persons empowered. SIGNATURE: _____ 4/27/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR														



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0532279	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U00000554350
05/15/06-80088-016 150.00

**DO NOT WRITE
IN THIS SPACE**