2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# P97000017465

Entity Name: DANCE DRESSER, INC.

Current Principal Place of Business:

419 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

419 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2200617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIBBEN, SHARON
419 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

NINA, SHARON
419 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714 US

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: SHARON NINA 02/02/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRIBBEN, SHARON
Address: 419 W. CITRUS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NINA, SHARON
Address: 419 W. CITRUS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON NINA PRES 02/02/2004
Electronic Signature of Signing Officer or Director Date