


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90448 050 ***150.00

DOCUMENT # P98000010254 1. Entity Name DANCE CREATIONS, CORP.					
Principal Place of Business 2760 PALM AVE #101 HIALEAH, FL 33010			Mailing Address 2760 PALM AVE #101 HIALEAH, FL 33010		
2. Principal Place of Business 3210 West 84th		3. Mailing Address 7568 NW 173 Terrace			
Suite, Apt. #, etc. 7		Suite, Apt. #, etc.			
City & State Hialeah Fla		City & State Hialeah		4. FEI Number 65-0810807	
Zip 33018		Country Florida		Zip 33015	
Country Florida		Country Florida			
6. Name and Address of Current Registered Agent ALONSO, ISIS 695 EAST 52ND ST HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name Isis T. Alonso Street Address (P.O. Box Number is Not Acceptable) 7568 NW 173 Terrace Hialeah City FL Zip Code 33015		
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 <i>Isis Alonso</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD ALONSO, ISIS 695 EAST 52ND STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7568 NW 173 Terrace Hialeah FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ALONSO, MARIA 695 E 52ND STREET HIALEAH, FL 33017		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7568 NW 173 Terrace Hialeah FL 33015	
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	
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: <i>Isis Alonso</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>April 17/06</i> Daytime Phone # <i>305-822-2124</i>		

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