## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED May 01, 2006 08:00 AM Secretary of State

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|   | Antivorta  |  | <del></del>                | 7                                       | Secret                                      | ary of State  |
|---|--|--|----------------------------|---|---|---|
| DOCUMENT # P98000062689   |  |  |                            | }                                       |   | or y  |
| 1. Entity Name  |  |  |                            | }                                       |   |   |
| ARTOF   | DANCE SCHOOL, INC.   |  |                            | }                                       |   |   |
| {   |  |  |                            | }                                       |   |   |
| Principal Pin   | ce of Business   | Mailing Address  | <u></u>                    | 1                                       |   |   |
| }   | UGUSTINE RD  | · · · · · · · · · · · · · · · · · · ·                                  |                            | ļ                                       |   |   |
| #135  | טא שאווכטטטאני אט  | 11018 ST AUGUSTINE RD<br>#135  |                            | }                                       |   |   |
|   | LE, FL 32257   | JACKSONVILLE, FL 32257   | •                          |   |   |   |
|   |  | - <u>-</u>   |                            |   |   |   |
|   |  |  |                            | {                                       | (2101 1211) 22111 22111 22111 22111 22111 2 | I BOKKE BUKKE HAKE BUIDI KEND KEHDAR HI KEBU                            |
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| DO NOT WRITE IN THIS SPACE  |  |  | CE                         | 4. FEI Number                           |   | Applied For   |
|   |  |  |                            | 59-3523                                 | 044   | Not Applicable  |
|   |  | •  |                            | 5. Certificate o                        | Status Destrect                             | \$8.75 Additional Fee Required  |
|   | 6. Name and Address of Current Re  | gistered Agent   | T                          | 1                                       |   | Lea Wadayan   |
|   |  |  |                            |   |   |   |
| SMITH-HO  | DLLINGSWORTH, SABRINA 🛒  | , , , , , <del>, ,</del> , , , , , , , , , , , ,                       | 1                          | DO I                                    | MOT W                                       | DITE  |
| 11018-135 ST AUGUSTINE ROAD   |  |  |                            | DO NOT WRITE                            |   |   |
| JACKSON   | IVILLE, FL 32257   |  | 1                          | IN T                                    | HIS SP                                      | ACE   |
|   |  |  | 1                          |   |   | • • • •   |
|   | · · · · · · · · · · · · · · · · · · ·  |  |                            |   |   |   |
| 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 each.  |  |  |                            |   |   |   |
| the obligations of registered agent   |  |  |                            |   |   |   |
| SIGNATURE   |  |  |                            |   |   |   |
|   | Signature, typed or printed name of registered agent and                                     | mie it applicable. (NOTE, Registere                                    | d Agent signature required | when reinstaling)                       |   | CATE  |
|   |  | R Flection Cempaign Fina   | ráina EE                   | 00 4                                    |   |   |
| FILE NOWILL FEE IS \$150.00  ### Standard Contribution. Added to Fees  ### Standard Contribution. Added to Fees   |  |  |                            |   |   |   |
| - <del> </del>  |  | <u></u>  |                            |   |   |   |
| 10.   | OFFICERS AND DI  | 1ECTORS  | 1                          |   |   |   |
| TITLE<br>NAME   | SMITH-HOLLINGSWORTH, SABRI   | NAF  | i                          |   |   |   |
| STREET ADDRESS  | 11018 135 ST AUGUSTINE RO  |  | ł                          |   | ยกถสกกร                                     | 48246   |
| CITY-ST-ZIP   | JACKSONVILLE, FL 32257   | , ,  | ì                          | •                                       | 05/12/06 6                                  | 5 <b>4824</b> 6<br>80057-004 150.00                                     |
| TITLE   | STO  |  | ł                          |   | -   |   |
| NAME  | PORTER, JOAN E   |  | l                          |   |   |   |
| STREET ADDRESS  | 11018-135 ST AUGUSTINE RD  |  | }                          |   |   |   |
| CITY-SI-ZIP   | JACKSONVILLE, FL 32257   |  | 1                          |   |   |   |
| TITLE   |  |  | <b>{</b>                   |   |   |   |
| NAME<br>STREET ADDRESS  |  |  | [                          | <u></u>                                 |   |   |
| City-ST-ZiP   |  |  | {                          | DO I                                    | NOT W                                       | RITE  |
| TITLE   |  |  | 1                          | INI T                                   | uie en                                      | ACE   |
| MAME  |  |  | {                          | 11/4 1                                  | HIS SP                                      | ACE   |
| STREET ADDRESS  |  |  |                            |   |   |   |
| CRY-ST-ZIP  |  |  | 1                          |   |   |   |
| TITLE   | <del></del>  |  | }                          |   |   |   |
| NAME  |  |  | <b>S</b>                   |   |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                            |   |   |   |
|   |  | ·  |                            | -                                       |   |   |
| TITLE   |  |  | 1                          |   |   |   |
| STREET ADDRESS  | `  | *  |                            |   |   |   |
| CITY-ST-ZP  |  | 1  |                            |   |   |   |
|   | ertify that the information supplied with this   | s filing does not quality for the exe                                  | mptions contained          | in Chapter 119, F                       | iorida Statutes. I iu                       | urther certify that the information                                     |
| indicated<br>of the corr  | on this report or supplemental report is tru-<br>poration or the affectiver or trustee among | e and accurate and that my signal red to execute this report as requir | ure shall have the s       | anta legal effect a<br>Biolida Statutes | is if made under oa<br>and that my name     | th, that I am an officer or director appears in Block 10 or Block 11 if |
| 12. Thereby certify that the information supplied with this filling 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 reportiver or trustee empowered to execute this report as required by Chapter 607, Molicia Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an andress, with all other like exposwered. |  |  |                            |   |   |   |
|   |  | 11 All line  | 1117.                      | $\mathcal{U}^{-}$                       |   |   |