2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# S44791

Entity Name: ORLANDO SCHOOL OF CULTURAL DANCE, INC.

Current Principal Place of Business:

412 N PINE HILLS RD
SUITE C
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 681362
ORLANDO, FL 328681362

New Mailing Address:

FEI Number: 59-3060436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, JULIE ANITA
7255 HIAWASSEE OAKS DR
ORLANDO, FL 32818 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: PTD ( ) Delete
Name: COLEMAN, JULIE A
Address: 7255 HIAWASSEE OAKS DR
City-St-Zip: ORLANDO, FL 32818

Title: DV ( ) Delete
Name: WILSON, PARISE N
Address: 7255 HIAWASSEE OAKS DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: VD ( ) Delete
Name: COLEMAN, JAMES E II
Address: 7255 HIAWASSEE OAKS DR
City-St-Zip: ORLANDO, FL 32818

Title: VDS ( ) Delete
Name: COLEMAN, LORINA N
Address: 7255 HIAWASSEE OAKS DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JULIE A. COLEMAN PTD 04/13/2005

Electronic Signature of Signing Officer or Director — Date