

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72990

FILED
Apr 19, 2008
Secretary of State

Entity Name: SHOWTIME DANCE STUDIOS, INC.

Current Principal Place of Business:

282 HIGH CASTLE LANE
LONGWOOD, FL 32779

New Principal Place of Business:

652 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

282 HIGH CASTLE LANE
LONGWOOD, FL 32779

New Mailing Address:

419 WEST CITRUS ST
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3082858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLASPIE-HILLYER, CATHY
282 HIGH CASTLE LANE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GILLASPIE-HILLYER, CATHY
419 WEST CITRUS ST
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:

04/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: GILLASPIE-HILLYER, CATHY
Address: 282 HIGH CASTLE LANE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: GILLASPIE-HILLYER, CATHY
Address: 419 WEST CITRUS ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CATHY GILLASPIE-HILLYER

PD

04/19/2008

Electronic Signature of Signing Officer or Director

Date