


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90056 033 \*\*\*150.00

**DOCUMENT # F03000003091**

1. Entity Name  
 DANCE OLYMPUS-AMERICA, INC.



Principal Place of Business  
 1795 EXPRESS DRIVE NORTH  
 SMITHTOWN, NY 11788 US

Mailing Address  
 1795 EXPRESS DRIVE NORTH  
 SMITHTOWN, NY 11788 US



2. Principal Place of Business - No P.O. Box #  
 1795 EXPRESS DR, N.

3. Mailing Address  
 1795 EXPRESS DR, N.

Suite, Apt. #, etc.

City & State  
 SMITHTOWN NY

City & State  
 SMITHTOWN NY

Zip  
 11788

Country  
 USA

08152007 Chg-P CR2E034 (12/06)

4. FEI Number  
 11-2352010

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, ART  
 2929 E. COMMERCIAL BLVD  
 STE 306  
 FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	STONE, ART	
STREET ADDRESS	6438 N.W. 32ND WAY	
CITY-ST-ZIP	BOCA RATON, FL 48787	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONE, NANCY	
STREET ADDRESS	6438 N.W. 32ND WAY	
CITY-ST-ZIP	BOCA RATON, FL 48787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: 8-15-2007 DAYTIME PHONE: 651-782-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR