2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# 717064

Entity Name: NORTHWEST FLORIDA BALLET, INC.

Current Principal Place of Business:

310 PERRY AVE. SE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

310 PERRY AVE. SE
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-1709205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, SHARON
33 DRIFTWOOD
FORT WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WATSON, LINDA
Address: 106 BENNING DR, #7
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: SAXER, ROBERT J
Address: 29 SHARILYN DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: TD ( ) Delete
Name: LINDLEY, LAUREN
Address: 36 INDIAN BAYOU DR
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete
Name: BARLOTTA, NICHOLAS
Address: 165 SCOTTSDALE DR
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: ALLEN, TODD
Address: 33 DRIFTWOOD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: MELVIN, PAT
Address: 840 SANTA ROSA COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WATSON, LINDA
Address: 106 BENNING DR, #7
City-St-Zip: DESTIN, FL 32541

Title: P (X) Change ( ) Addition
Name: SAXER, ROBERT J
Address: 29 SHARILYN DRIVE
City-St-Zip: SHALIMAR, FL 32579

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SAXER P 01/11/2006

Electronic Signature of Signing Officer or Director — Date