## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#724719** 

FILED Apr 11, 2006 Secretary of State

Entity Name: THE TALLAHASSEE BALLET, INC.

	Principal Place	of Business:	New Principal Place of Business:
218 E. TH TALLAHA	IIRD AVE. SSEE, FL 3230	3 US	
Current N	Mailing Address	s:	New Mailing Address:
P. O. BOX TALLAHA	( 772 SSEE, FL 3230	2 US	
FEI Numbei	r: 23-7273533	FEI Number Applied For (	) FEI Number Not Applicable() Certificate of Status Desired()
Name and	d Address of C	urrent Registered Agen	t: Name and Address of New Registered Agent:
ASHBURN, LAUREN 1610 BELLE VUE WAY TALLAHASSEE, FL 32304 US			MITCHELL, HEATHER MRS. 218 E. 3RD AVENUE TALLAHASSEE, FL 32303 US
	e named entity si te of Florida.	ubmits this statement for	the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE: HEATHER	R MITCHELL	04/11/2006
	Electroni	c Signature of Registered	d Agent Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title:	\/D	Delete	
Address:	SALTERS, AGAT 1845 COPPER A	THA M AXE TR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SALTERS, AĞAT 1845 COPPER A TALLAHASSEE, TD ()I PUCKETT, JULI 2100 TALLAVAN	THA M AXE TR FL 32308 Delete IA TRAIL	Name: Address:
Address: City-St-Zip: Title: Name: Address:	SALTERS, AGAT 1845 COPPER A TALLAHASSEE,  TD ()! PUCKETT, JULI 2100 TALLAVAN HAVANA, FL 323 SD ()! JANSEN, STEPH 1020 SUMMERB	THA M  AXE TR  FL 32308  Delete  A TRAIL  333  Delete  HANIE  BROOKE DRIVE	Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	SALTERS, AGAT 1845 COPPER A TALLAHASSEE,  TD ()I PUCKETT, JULI 2100 TALLAVAN HAVANA, FL 323 SD ()I JANSEN, STEPH 1020 SUMMERB TALLAHASSEE,	THA M  AXE TR  FL 32308  Delete  A TRAIL 333  Delete HANIE BROOKE DRIVE FL 32312  Delete REN  E WAY	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SALTERS, AGAT 1845 COPPER A TALLAHASSEE,  TD ()I PUCKETT, JULI 2100 TALLAVAN HAVANA, FL 32:  SD ()I JANSEN, STEPH 1020 SUMMERB TALLAHASSEE,  M ()I ASHBURN, LAUF 1610 BELLE VUI TALLAHASSEE,	THA M  AXE TR FL 32308  Delete  A TRAIL 333  Delete HANIE BROOKE DRIVE FL 32312  Delete REN E WAY FL 32304  Delete ARTHA DR N	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: M (X) Change ( ) Addition Name: MITCHELL, HEATHER Address: 218 E. 3RD AVENUE

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: HEATHER MITCHELL M 04/11/2006