2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729438

FILED Mar 13, 2007 Secretary of State

Entity Name: ORLANDO BALLET, INC.

Current Principal Place of Business: New Principal Place of Business: 1111 N. ORANGE AVE. ORLANDO, FL 328046407 **Current Mailing Address: New Mailing Address:** 1111 N. ORANGE AVE ORLANDO, FL 328046407 FEI Number: 23-7427817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, RUSSELL P ALLEN, REVELL 1111 N'ORANGE AVE 1111 N'ORANGE AVE US ORLANDO, FL 32804 US ORLANDO, FL 32804 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: RUSSELL ALLEN 03/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EARL, PATRICÍA Name: Name: Address: 9754 CHESTNUT RIDGE DR. Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LANDMAN-GONZALEZ, LINDA Name: Address: 5900 LAKE ELLENOR DR Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: **VPT** () Delete Title: () Change () Addition SILZER, SIST A Name: Name: 1155 S JAMDRAN BLVD Address: Address: City-St-Zip: WINTER PARK, FL 32796 City-St-Zip: Title: BT () Delete Title: () Change () Addition Name: FISHERS, KATE Name: 1400 WEST FAIRBANK AV #102 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition PRITCHARD, SIBILLE H Name: Name: 401 W COLONIAL DRIVE, #7 Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: () Change () Addition TALCOTT, STANLEY M Name: Name: Address: 6441 E COLONIAL DRIVE Address: ORLANDO, FL 32807 City-St-Zip: 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: LYN VAN HORN BM 03/13/2007