2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# N02000007016

Entity Name: FLORIDA CLASSICAL BALLET THEATRE, INC.

Current Principal Place of Business:

14176 WIND FLOWER DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

10357 IRONWOOD ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 82-0569013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, COLLEEN M
14176 WIND FLOWER DRIVE
PALM BEACH GARDENS, FL 33418 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: PD ( ) Delete
Name: SMITH, COLLEEN M
Address: 14176 WIND FLOWER DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: EMERSON, TAMMY Z
Address: 458 WOODVIEW CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: IAVARONE, MICHELLE
Address: 15302 82ND TERR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: COLLEEN SMITH PD 07/11/2006

Electronic Signature of Signing Officer or Director — Date