

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002521

FILED  
May 11, 2006  
Secretary of State

**Entity Name:** AFFIRMATION BALLET COMPANY

**Current Principal Place of Business:**

119 47TH N  
ST PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

119 47TH N  
ST PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 20-2722831      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:**

**Name and Address of New Registered Agent:**

SANDERS, DONALD R  
119 47TH N  
ST PETERSBURG, FL 33703      US

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: SANDERS, DONALD R  
Address: 119 47TH N  
City-St-Zip: ST PETERSBURG, FL 33703

Title: V ( ) Delete  
Name: SANDERS, ANDREA D  
Address: 119 47TH N  
City-St-Zip: ST PETERSBURG, FL 33703

Title: S ( ) Delete  
Name: COLLINS, TRICIA S  
Address: 8597 BARDMOOR PLACE  
City-St-Zip: LARGO, FL 33777

**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: ANDREA D SANDERS

VP

05/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date