


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002537</b> 1. Entity Name CHILDREN'S MUSICAL THEATRE, INC.	
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Principal Place of Business 900 NE 12TH AVENUE SUITE 301 HALLANDALE BEACH, FL 33009	Mailing Address 700 NE 14TH AVENUE SUITE 406 HALLANDALE BEACH, FL 33009
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01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0547492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FUKS, LYUDMILA 700 NE 14TH AVENUE SUITE 406 HALLANDALE, FL 33009	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUKS, LYUDMILA 700 N.E. 14TH AVE., #406 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IVANOVA, IRINA 1461 NE 169 STREET APT. 318 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, OLEG 821 NE 7TH STREET HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILMAN, ANDREY 1461 NE 169 STREET APT. 318 NORTH MIAMI BEACH, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YEREMEYeva, MARINA 821 NE 7TH STREET HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80022-006 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lyudmila Fiks* **LYUDMILA FUKS** *2/19/07 (954) 458-9984*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #