


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90031 048 ****61.25

DOCUMENT # N98000002392	
1. Entity Name FORT LAUDERDALE CHILDREN'S BALLET THEATRE, INC.	

Principal Place of Business 5303 NO. DIXIE HWY. FT. LAUDERDALE FL 33334	Mailing Address 5303 NO. DIXIE HWY. FT. LAUDERDALE FL 33334
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2. Principal Place of Business 4801-03 N. DIXIE HWY.	3. Mailing Address 4801-03 N. DIXIE HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State FT. LAUD, FL	City & State FT. LAUD, FL
Zip 33334	Country FLORIDA

4. FEI Number 65-0836669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MAUTI, ANGELA 5303 NO. DIXIE HWY. FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 reconstituting)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME MAUTI, ANGELA	
STREET ADDRESS 5303 NO. DIXIE HWY.	
CITY-ST-ZIP FT. LAUDERDALE FL 33334	
TITLE DV	<input type="checkbox"/> Delete
NAME KANTROWITZ, SHERYL	
STREET ADDRESS 10325 NW 6 ST	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE D	<input type="checkbox"/> Delete
NAME AUDETTE, KATY	
STREET ADDRESS 811 SE 1 AVE	
CITY-ST-ZIP POMP BCH F; 33060	
TITLE S	<input type="checkbox"/> Delete
NAME GRBAVAC, LINDA	
STREET ADDRESS 3921 CYRS. LK. DR. APT. 116	
CITY-ST-ZIP POMP FL 33064	
TITLE AD	<input type="checkbox"/> Delete
NAME STEINBERG, CHRISTINE S	
STREET ADDRESS 1611 NE 51 ST	
CITY-ST-ZIP FT LAUD FL 33334	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Angela Mauti* - ANGELA MAUTI - 2/21/06 754-491-4668