2006 FOR PROFIT CORPORATION

FILED Apr 27, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P03000082773 NOVA BALLET THEATRE, INC. Principal Place of Business Mailing Address 7161 SW 6TH STREET 7161 SW 6TH STREET PLANTATION, FL 33317 PLANTATION, FL 33317 03082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1085395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, MELANIE DO NOT WRITE 7161 SW 6TH STREET PLANTATION, FL 33317 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. îiĭiF MOORE, MELANIE NAME 7161 SW 6TH STREET STREET ADDRESS U00000537639 05/09/06-80027-005 150.00 CITY-ST-ZIP PLANTATION, FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRTY-ST-ZIP

12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:x

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE