


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 004 ***550.00

DOCUMENT # <u>P96000042848</u>	
1. Entity Name <u>Ballet Arts Centre</u>	

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40126147

CR2E034B (8/05)

2. Principal Place of Business <u>1621 Camden Ave</u>		3. Mailing Address <u>1404 Tiber Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jax. FL.</u>		City & State <u>Jax. FL.</u>	
Zip <u>32207</u>	Country <u>US</u>	Zip <u>32207</u>	Country <u>US</u>
4. FEI Number <u>59-3392133</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Beth Marks</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1404 Tiber Ave.</u>
City <u>Jax</u>
FL <u>32207</u>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Beth Marks</u> <u>1404 Tiber Ave.</u> <u>Jax. FL. 32207</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Beth Marks Beth Marks 7/16/07 904.399.5687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #