


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

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90150 021 \*\*\*\*61.25

**DOCUMENT # N01000007008**  
1. Entity Name  
**BALLET FEDOTOV, INC.**



Principal Place of Business      Mailing Address  
**421 N BUMBY AVE**      **421 N BUMBY AVE**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**59-3751476**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FEDOTOV, VADIM**  
**421 N BUMBY AVE**  
**ORLANDO FL 32803**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **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 reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**


**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUSSEAR, ANNA	
STREET ADDRESS	1501 HEMPEL AVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALEKSIC, MIROSLAV	
STREET ADDRESS	3956 TOWN CENTER BLVD. #238	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEDOTOVA, KATRINA	
STREET ADDRESS	623 LAKESCAPE CT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONUBIUS, C F DR	
STREET ADDRESS	6235 SOUTH HAMPSHIRE CT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vadim Fedotov	
STREET ADDRESS	623 Lakescape Ct.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRINA DEPLER	
STREET ADDRESS	623 Lakescape Ct.	
CITY-ST-ZIP	ORLANDO, FL 32828	
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:       5/1/06