

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N01000007008</b>			
1. Entity Name <b>BALLET FEDOTOV, INC.</b>			
Principal Place of Business <b>421 N BUMBY AVE ORLANDO FL 32803</b>		Mailing Address <b>421 N BUMBY AVE ORLANDO FL 32803</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3751476</b>		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
<b>FEDOTOV, VADIM 421 N BUMBY AVE ORLANDO FL 32803</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: 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	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>U00000644018</b> <b>03/02/07-80025-021-61.25</b>			
NAME	FEDOTOV, VADIM	NAME					
STREET ADDRESS	623 LAKESCAPE CT	STREET ADDRESS					
CITY-STATE-ZIP	ORLANDO FL 32828	CITY-STATE-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ALEKSIC, MIROSLAV	NAME					
STREET ADDRESS	3956 TOWN CENTER BLVD. #238	STREET ADDRESS					
CITY-STATE-ZIP	ORLANDO FL 32837	CITY-STATE-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FEDOTOVA, KATRINA	NAME					
STREET ADDRESS	623 LAKESCAPE CT	STREET ADDRESS					
CITY-STATE-ZIP	ORLANDO FL 32828	CITY-STATE-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DEPLER, IRINA	NAME					
STREET ADDRESS	623 LAKESCAPE CT	STREET ADDRESS					
CITY-STATE-ZIP	ORLANDO FL 32828	CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-STATE-ZIP		CITY-STATE-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-STATE-ZIP		CITY-STATE-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: 2/19/07 402-468-4559