


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90210 011 \*\*\*150.00

<b>DOCUMENT # P94000000102</b>	
1. Entity Name <b>BALLET VILLAGES DEVELOPMENT CORP.</b>	

Principal Place of Business <b>4239 NORTHLAKE BLVD SUITE D PALM BCH GDNS FL 33410 US</b>	Mailing Address <b>4239 NORTHLAKE BLVD SUITE D PALM BCH GDNS FL 33410 US</b>
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2. Principal Place of Business <b>3307 NORTHLAKE BLVD</b> Suite, Apt. #, etc. <b>SUITE 107</b> City & State	3. Mailing Address <b>3307 NORTHLAKE BLVD</b> Suite, Apt. #, etc. <b>SUITE 107</b> City & State
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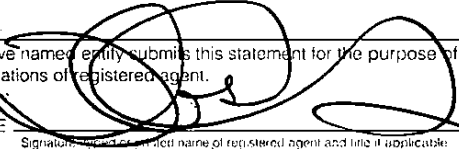
1st MOORE CR2E034 (10/05)

Zip <b>33403</b>	Country	Zip <b>33403</b>	Country
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4. FEI Number <b>65-0459613</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 <b>CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD SUITE D PALM BCH GDNS FL 33410</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3307 NORTHLAKE BLVD, SUITE 107</b> City <b>FL</b> Zip Code <b>33403</b>	
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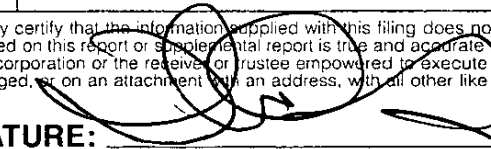
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature must be of correct name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSSEN, JOSEPH F 701 US HWY 1 SUITE 101 NORTH PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOWLAND, LYLE 20 BLACK HORSE LN COHASSET MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3307 NORTHLAKE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>66 BEACON STREET BOSTON, MA 02108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.	
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<b>SIGNATURE:</b> 	<b>4-25-06</b>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			