



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 300436 1. Entity Name BALM ASSOCIATES INCORPORATED			
Principal Place of Business 2101 HUNTINGTON AVENUE SARASOTA, FL 34232		Mailing Address 2101 HUNTINGTON AVENUE SARASOTA, FL 34232	
DO NOT WRITE IN THIS SPACE			
		01102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 06-0957327	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFTTEL, SEYMOUR 2101 HUNTINGTON AVENUE SARASOTA, FL 34232		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	VD		
NAME	HAFTTEL, MARY ANN		
STREET ADDRESS	825 LAPLAYE #123		
CITY-ST-ZIP	SAN FRANCISCO, CA 94121		
TITLE	SD		
NAME	HAFTTEL, ARNOLD		
STREET ADDRESS	168 CARRIAGE CROSSING		
CITY-ST-ZIP	MIDDLETOWN, CT 06457		
TITLE	P		
NAME	HAFTTEL, CARL		
STREET ADDRESS	11 RIVERSIDE DR.		
CITY-ST-ZIP	CROMWELL, CT 06416		
TITLE	VD		
NAME	MYERS, JOAN		
STREET ADDRESS	320 MERCURY WAY		
CITY-ST-ZIP	PLEASANT HILL, CA 94523		
TITLE	TD		
NAME	HAFTTEL, SEYMOUR		
STREET ADDRESS	2101 HUNTINGTON AVE		
CITY-ST-ZIP	SARASOTA, FL		
TITLE			
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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Arnold Hafttel</u> ARNOLD HAFTTEL		1/12/06 (860)635-2585	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	