


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 548672**  
 1. Entity Name  
**RED BALLOON, INC.**



Principal Place of Business      Mailing Address  
**1800 FOREST HILL BLVD #12A**      **1800 FOREST HILL BLVD #12A**  
**WEST PALM BEACH, FL 33406**      **WEST PALM BEACH, FL 33406**

**DO NOT WRITE IN THIS SPACE**



01092006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1849638**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**SNAYD, PATRICIA S**  
**7104 PINE TREE LANE**  
**WEST PALM BEACH, FL 33406**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNAYD, RAYMOND R 7104 PINE TREE LANE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SNAYD, PATRICIA S 7104 PINE TREE LANE WEST PALM BEACH, FL 33406
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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:** *Raymond R. Snayd*      **RAYMOND R. SNAYD V.P.**      **1/9/06**      **561-582-2449**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #