2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01082008   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

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SNAYD, RAYMOND R
STREET ADDRESS	7104 PINE TREE LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	PST
NAME	SNAYD, PATRICIA S
STREET ADDRESS	7104 PINE TREE LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/08-80017-012 150.00

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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 - VP. 1/8/08 561-582-2449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #