


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

01-18-2007 90090 017 ***150.00

DOCUMENT # F03000003728
 1. Entity Name
BALAX, INC.



Principal Place of Business Mailing Address
W305 N7697 HWY. E **W305 N7697 HWY. E**
NORTH LAKE, WI 53064 **NORTH LAKE, WI 53064**

66003860



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
39-0980611 Not Applicable

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

6. Name and Address of Current Registered Agent
HALL, JAMES P
1526 HERMITAGE LANE
CAPE CORAL, FL 33914

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VCT
NAME	HALL, JAMES P
STREET ADDRESS	1526 HERMITAGE LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VVCS
NAME	MCCLURE, THOMAS W
STREET ADDRESS	2815 LANCASTER CT.
CITY-ST-ZIP	BROOKFIELD, WI 53045
TITLE	D
NAME	HALL, DONNA C
STREET ADDRESS	1526 HERMITAGE LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	MCCLURE, JENNIFER L
STREET ADDRESS	2815 LANCASTER CT.
CITY-ST-ZIP	BROOKFIELD, WI 53045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *J.P. Hall - V.P. mkt.* Date: 2-26-07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #