


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90440 041 ****70.00

DOCUMENT # N0300000049

1. Entity Name
BALLERS "4" LIFE, INC.



Principal Place of Business
**7435 SUNNY HILL TERRACE
 LANTANA, FL 33462 US**

Mailing Address
**P.O. BOX 1184
 BOYNTON BEACH, FL 33425 US**

19016210



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**TAYLOR, STEVEN E ESQ.
 6845 LANDINGS DRIVE
 APT. 106
 LAUDERHILL, FL 33319**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7405 NW 44th Street # 1503
 City **Lauderhill** FL Zip Code **33319**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PINKSTON-TAYLOR, BARBARA C	
STREET ADDRESS	P.O. BOX 1184	
CITY-ST-ZIP	BOYNTON BEACH, FL 33425	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, HATTIE	
STREET ADDRESS	P.O. BOX 1184	
CITY-ST-ZIP	BOYNTON BEACH, FL 33425	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIAM, KATIE	
STREET ADDRESS	P.O. BOX 1184	
CITY-ST-ZIP	BOYNTON BEACH, FL 33425	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARKER, STEPHANIE	
STREET ADDRESS	P.O. BOX 1184	
CITY-ST-ZIP	BOYNTON BEACH, FL 33425	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	CHADDERTON, SEAN	
STREET ADDRESS	P.O. BOX 1184	
CITY-ST-ZIP	BOYNTON BEACH, FL 33425	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1151 Ivy Crossing Lane	
STREET ADDRESS	Boynton Bch FL 33436	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1210 NW 1st Street	
STREET ADDRESS	Boynton Bch. FL 33435	
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7435 Sunny Hill Terrace	
STREET ADDRESS	Lantana, FL 33462	
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wyndell Gilliam	
STREET ADDRESS	7435 Sunny Hill Terrace	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rochelle Smith	
STREET ADDRESS	907 Pine Circle	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: **Barbara Pinkston-Taylor** *Barbara Pinkston Taylor* 4/30/04 (sm) 233-5232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #