

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# N03000000049

Entity Name: BALLERS "4" LIFE, INC.

Current Principal Place of Business:

7435 SUNNY HILL TERRACE
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1184
BOYNTON BEACH, FL 33425 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUY, FELIX E
1280 WEST 3RD STREET
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KICKINGSTALLIONSIMS, BARBARA
Address: 103 NE 16TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: V P () Delete
Name: HAYNES, THOMAS
Address: 712 PLACE TAVANT
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: T () Delete
Name: GILLIAM, KATIE D
Address: 7435 SUNNY HILL TERRACE
City-St-Zip: LANTANA, FL 33462 US

Title: P () Delete
Name: GILLIAM, WYNDELL
Address: 7435 SUNNY HILL TERRACE
City-St-Zip: LANTANA, FL 33462 US

Title: CT () Delete
Name: SMITH, ROCHELLE
Address: 907 PINE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BUTTS, RUTH L
Address: 4995 SABLE PINE CIRCLE #B-2
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE D GILLIAM

T

05/23/2007

Electronic Signature of Signing Officer or Director

_____ Date