2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007
Secretary of State

DOCUMENT# N03000008707

Entity Name: BALANCE YOUR GAME, INC.

Current Principal Place of Business:

5732 NORMANDY BLVD, STE 14
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5732 NORMANDY BLVD, STE 14
JACKSONVILLE, FL 32205

New Mailing Address:

1716 WILD DUNES CIRCLE
ORANGE PARK, FL 32065

FEI Number: 82-0589065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MARSHALL, GRAYSON
5732 NORMANDY BLVD, STE 14
JACKSONVILLE, FL 32205 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: PRES ( ) Delete
Name: MARSHALL, GRAYSON B
Address: 5732 NORMANDY BLVD, STE 14
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP ( ) Delete
Name: MARSHALL, DARLENE
Address: 10259 MEADOW POINT DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: SEC ( ) Delete
Name: SINCLAIR, TAUREEN
Address: 4479 LOVELAND PASS DR, W
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MARSHALL, DARLENE
Address: 1716 WILD DUNES CIRCLE
City-St-Zip: ORANGE PARK, FL 32065

Title: SEC (X) Change ( ) Addition
Name: SINCLAIR, TAUREAN
Address: 4479 LOVELAND PASS DR, W
City-St-Zip: JACKSONVILLE, FL 32210

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: DARLENE M MARSHALL VP 08/20/2007

Electronic Signature of Signing Officer or Director — Date