


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90089 001 ***300.00

DOCUMENT # P20005
 1. Entity Name
 BALANCED CAPITAL SERVICES, INC.



Principal Place of Business
 90 STATE HOUSE SQUARE
 HARTFORD, CT 06103

Mailing Address
 90 STATE HOUSE SQUARE
 C/O CHERYL GORHAM
 HARTFORD, CT 06103

66001057



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 06-0878468

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S Delete
 NAME HOROWITZ, DAVID A
 STREET ADDRESS 90 STATE HOUSE SQUARE
 CITY-ST-ZIP HARTFORD, CT 06103

TITLE *E Director* Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME KUCKRO, LEE G.
 STREET ADDRESS 90 STATE HOUSE SQUARE
 CITY-ST-ZIP HARTFORD, CT 06103

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME DIAMOND, JASON H
 STREET ADDRESS 90 STATE HOUSE SQUARE
 CITY-ST-ZIP HARTFORD, CT 06103

TITLE *E Director* Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME GACONA, BERNARD
 STREET ADDRESS 90 STATE HOUSE SQUARE
 CITY-ST-ZIP HARTFORD, CT 06103

TITLE *Vice-President* Change Addition
 NAME *ANDREA WASILEWSKI*
 STREET ADDRESS *90 State House Square*
 CITY-ST-ZIP *HARTFORD, CT 06103*

TITLE D Delete
 NAME MULLANE, DANIEL J
 STREET ADDRESS 90 STATE HOUSE SQUARE
 CITY-ST-ZIP HARTFORD, CT 06103

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 860-509-2190
 Date Daytime Phone #