


- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V51530 1. Entity Name TOTAL SYSTEM BALANCE, INC.	
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Principal Place of Business 1471 SW 30TH AVE SUITE 7 DEERFIELD BEACH, FL 33442 US	Mailing Address PO BOX 4187 DEERFIELD BEACH, FL 33442 US
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DO NOT WRITE IN THIS SPACE

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01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0357239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

JENISON, ERIC T
1471 SW 30TH AVE #7
DEERFIELD BCH, FL 33442

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JENISON, ERIC T 1471 SW 30 AVE #7 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JENISON, LINDA 1471 SW 30 AVE #7 DEERFIELD BEACH, FL 33442
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02/07/05-80022-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eric Jenison ERIC JENISON 2-3-05 954-425-0764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #