2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT # 587941 1. Entity Name BALASSA LABORATORIES, INC Mailing Address Principal Place of Business P. O. BOX 291161 PORT ORANGE FL 32129-1161 **509 HERBERT ST** UNIT 2A PORT ORANGE FL 32129-3829 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Sulte, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-1854689 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIGAETANO, NICHOLAS A. Street Address (P.O. Box Number is Not Acceptable) 3 OCEANS WEST BLVD **APT. 4C5** DAYTONA BEACH SHORES FL 32118 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 Skirnature, typed or printed name of registered agent and title if emplicable (NOTE Registered Agent signature recovered white resistation)) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition PD ☐ Defete TELLE Change TITLE U00000419272 NAME NAME DI GAETANO, NICHOLAS A. 02/14/06-80040-021 158.75 STREET ADDRESS 3 OCEANS WEST BLVD., APT. 4C5 STREET ADDRESS CITY-ST-ZIP DAYTONA BCH SHRS FL CHY-ST-ZIP ☐ Change ☐ Addition THE ☐ Defete MAME NAME DI GAETANO, ANNE L 3 OCEANS WEST BLVD SPT 4C5 STREET ADDRESS STRECT ADDRESS CHY-ST-ZIP CITY-ST-ZIP DAYTONA BCH SHRS FL ☐ Nelete TIELE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete SHE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAKE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TIFLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Plorida 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.

CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP

1/23/06 386-761-803

FILED