


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003728	
1. Entity Name BALAX, INC.	

Principal Place of Business W305 N7697 HWY. E NORTH LAKE, WI 53064	Mailing Address W305 N7697 HWY. E NORTH LAKE, WI 53064
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-0980611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HALL, JAMES P
1526 HERMITAGE LANE
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000402946 02/03/06-80027-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT HALL, JAMES P 1526 HERMITAGE LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVCS MCCLURE, THOMAS W 2815 LANCASTER CT. BROOKFIELD, WI 53045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DONNA C 1526 HERMITAGE LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, JENNIFER L 2815 CANCASTER CT. BROOKFIELD, WI 53045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/23/06** **262/966-2355**

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