

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003728

Entity Name: BALAX, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

W305 N7697 HWY. E
NORTH LAKE, WI 53064

New Principal Place of Business:

Current Mailing Address:

W305 N7697 HWY. E
NORTH LAKE, WI 53064

New Mailing Address:

P.O. BOX 96
NORTH LAKE, WI 53064

FEI Number: 39-0980611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCT () Delete
Name: HALL, JAMES P
Address: 1526 HERMITAGE LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: WVCS () Delete
Name: MCCLURE, THOMAS W
Address: 2815 LANCASTER CT.
City-St-Zip: BROOKFIELD, WI 53045

Title: D () Delete
Name: HALL, DONNA C
Address: 1526 HERMITAGE LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: MCCLURE, JENNIFER L
Address: 2815 CANCASTER CT.
City-St-Zip: BROOKFIELD, WI 53045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. HALL

VCT

01/22/2009

Electronic Signature of Signing Officer or Director

Date