


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90018 015 \*\*\*158.75

<b>DOCUMENT # F94000005393</b> 1. Entity Name <b>BALFOUR IMPORTS, INC.</b>					
Principal Place of Business <b>585 SKYLANE BLVD</b> <b>SANTA ROSA CA 95403</b>			Mailing Address <b>P O BOX 2037</b> <b>WINDSOR CA 95492</b> <b>US</b>		
2. Principal Place of Business - No P.O. Box # <b>5555 SKYLANE BLVD.</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>SANTA ROSA CA</b>			City & State		
Zip <b>95403</b>		Country <b>USA</b>		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES, INC.</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>94-1688656</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBERTS, DOUGLAS W 2457 VINEYARD RD NOVATO CA 94947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOATRIGHT, TAMMY 9600 BELL ROAD WINDSOR CA 95492	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLLINS, JAMES 110 READY ROAD WALNUT CREEK CA 95418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				

12. I hereby 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 707-836-5412

Date Daytime Phone #