


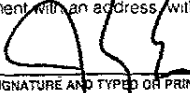


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000002827</b> 1. Entity Name <b>BALLAST TECHNOLOGIES, INC.</b>				<b>Secretary of State</b>	
Principal Place of Business 4620 S. COACH DRIVE TUCSON, AZ 85714		Mailing Address 4620 S. COACH DRIVE TUCSON, AZ 85714			
<b>DO NOT WRITE IN THIS SPACE</b>				 04282004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 86-0903054	
				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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>DO NOT WRITE IN THIS SPACE</b>	
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) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		 U000000150043 05/03/04-80211-007 150.00  <b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
COBD ENSIO, PAAVO 4620 S. COACH DRIVE TUCSON, AZ 85714					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
P ENSIO, MARK A 4620 S. COACH DRIVE TUCSON, AZ 85714					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ST ENSIO, JORDY 4620 S. COACH DRIVE TUCSON, AZ 85714					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 _____ Date _____ Daytime Phone # _____					