

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L11255</b>	
1. Entity Name <b>BALLEGAARD ENTERPRISES, INC.</b>	
Principal Place of Business <b>10535 STONEBRIDGE BLVD. BOCA RATON, FL 33498</b>	Mailing Address <b>10535 STONEBRIDGE BLVD. BOCA RATON, FL 33498</b>
<b>DO NOT WRITE IN THIS SPACE</b>	



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3688723</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BALLEGAARD, NIELS 10535 STONEBRIDGE BLVD. BOCA RATON, FL 33498</b>	<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 refrating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>BALLEGAARD, NIELS 10353 STONEBRIDGE BLVD. BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BALLEGAARD, NIELS 10353 STONEBRIDGE BLVD. BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000006578  
01/16/04-80041-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Niels Ballegaard* President 1/14/04 Date 581 482 6287 Daytime Phone #