

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81127

Entity Name: BALLOON BUSTERS, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

% MARINA OLMSTEAD
2105 WINDWARD WAY
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

C/O MARINA OLMSTEAD
P.O. BOX 3045
VERO BEACH, FL 32964 US

New Mailing Address:

C/O MARINA OLMSTEAD
P.O. BOX 643045
VERO BEACH, FL 32964 US

FEI Number: 59-3031084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMSTEAD, MARINA
2105 WINDWARD WAY
VERO BEACH, FL 32963 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: DVS () Delete
Name: OLMSTEAD, MARINA,
Address: 2105 WINDWARD WAY
City-St-Zip: VERO BEACH, FL

Title: DPT () Delete
Name: OLMSTEAD, CLARKE,
Address: 2105 WINDWARD WAY
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARINA OLMSTEAD

VP

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date