

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L81127

Entity Name: BALLOON BUSTERS, INC.

**FILED**  
**Jan 11, 2011**  
**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 643045  
VERO BEACH, FL 32964 US

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: OLMSTEAD, MARINA  
Address: 2105 WINDWARD WAY  
City-St-Zip: VERO BEACH, FL

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

I hereby 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 all other like empowered.

SIGNATURE: MARINA OLMSTEAD

VP

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date