2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Feb 15, 2006 8:00 am Secretary of State

DOCUMENT # N0100001514 1. Entity Name NO BATTERIES REQUIRED, INC.					02-15-2006 90026 005 ****70.00					
	e of Business IRA POINT DRIVE E, FL 32311	Mailing Address 2983 VERDURA POINT O TALLAHASSEE, FL 3231					נטטט	เขาบอ		
2. Principal P	lace of Business	3. Mailing Address				1911 ME 1600 1 1900 MENTER 1	upili belik ublet	11 60 7 61193 11911 651	RII DI SI IRDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02042006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State	Dity & State		4. FEI Numbe 59-3701	510		 	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	×	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of Nev	Registered	i Agent		
BRANNON, TAMARA K			Name							
198 FORE	ST-LANE - RDVILLE, FL 32327		Street Address ((P.O. Box Number is Not Acceptable)				
	,									
			City				F	L Zip Cod	ie	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or both	n, in the State of	Florida. I ar	n familiar with,	and accept	
(Yamara L. B	Ylan					2.11	. 6/		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ure required s	when reinstating)		DATE		<u></u>	
SIGNATURE	Signature, typed or ported name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2006	nd title if applicable. (NOTE: 9. Election Camp Trust Fund Cc	paign Financing		\$5.00 May Be Added to Fees	F F	DATE			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 617, 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 AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR SIGNATURE:

2.11.06

850.575-2723