2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000049

FILED Apr 30, 2009 Secretary of State

Entity Name: BALLERS "4" LIFE, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
7435 SUNNY HILL TERRACE LANTANA, FL 33462 US								
Current Mailing Address:					New Mailing Address:			
P.O. BOX BOYNTON	1184 BEACH, FL	33425	US					
FEI Number:		FEI Nur	nber Applied For ()	FEI Nur	nber Not Appl	icable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
GUY, FELIX E 1280 WEST 3RD STREET RIVIERA BEACH, FL 33404 US								
The above in the State		submits t	his statement for the	purpose c	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE:								
Electronic Signature of Registered Ager				gent			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S (BUTTS, RUTH 4995 SABLE F WEST PALM E	PINE CIRCL			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V P (HAYNES, THO 712 PLACE TA DELRAY BEAG	AVANT	45 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (GILLIAM, KAT 7435 SUNNY F LANTANA, FL	HILL TERRA	ACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P (GILLIAM, WYN 7435 SUNNY H LANTANA, FL	HILL TERRA	ACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	CT () Delete			Title:	СТ	(X) Change ()Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LEWIS, ROCHELLE

6009 TRIPHAMMER ROAD

LAKE WORTH, FL 33463 US

04/30/2009 SIGNATURE: KATIE D GILLIAM Τ

GREENACRES, FL 33463 US

SMITH, ROCHÉLLE

907 PINE CIRCLE

Name:

Address:

City-St-Zip: