

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2005**  
**Secretary of State**

DOCUMENT# N03000004688

Entity Name: AQUA-BALANCE INC.

**Current Principal Place of Business:**

2920 HIGHWAY 81, PO BOX 654  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

2920 HIGHWAY 81, PO BOX 654  
PONCE DE LEON, FL 32455

**New Mailing Address:**

FEI Number: 16-1677057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BARONE, FRANK JR  
2920 HIGHWAY 81  
PONCE DE LEON, FL 32455      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: D      ( ) Delete  
Name: BARONE, FRANK JR  
Address: PO BOX 654  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D      ( ) Delete  
Name: SPIETH, DAWN  
Address: PO BOX 654  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D      ( ) Delete  
Name: BUMPASS, KURT  
Address: 429 106TH PL SW  
City-St-Zip: EVERETT, WA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: FRANK J BARONE

D

09/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date