

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008707

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BALANCE YOUR GAME, INC.

**Current Principal Place of Business:**

5732 NORMANDY BLVD, STE 14  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5732 NORMANDY BLVD, STE 14  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 82-0589065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARSHALL, GRAYSON  
5732 NORMANDY BLVD, STE 14  
JACKSONVILLE, FL 32205 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: MARSHALL, GRAYSON B  
Address: 5732 NORMANDY BLVD, STE 14  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: MARSHALL, DARLENE  
Address: 10259 MEADOW POINT DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: SINCLAIR, TAUREEN  
Address: 4479 LOVELAND PASS DR, W  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: PRES (X) Change ( ) Addition  
Name: MARSHALL, GRAYSON B  
Address: 5732 NORMANDY BLVD, STE 14  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Change ( ) Addition  
Name: MARSHALL, DARLENE  
Address: 10259 MEADOW POINT DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SEC (X) Change ( ) Addition  
Name: SINCLAIR, TAUREEN  
Address: 4479 LOVELAND PASS DR, W  
City-St-Zip: JACKSONVILLE, FL 32210

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: GRAYSON B. MARSHALL

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date