2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000003876 1. Entity Name				Feb 03, 2006 08:00 AM Secretary of State
BALLENG	EE, INC.			
Principal Place of Business Mailing Address				
130 N. WABASH AVE. LAKELAND FL 33801		130 N. WABASH AVE. LAKELAND FL 33801		
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3691762 Applied For Not Applied
Zip	Country	Zıp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
ACTIVITY OF			Name	
KEITH, W. C. 1722 STAYSAIL DR. VALRICO FL 33594			Street Address	s (P.O. Box Number is Not Acceptable)
		•	-	
			City	Zip Code
	named entity submits this statement from of registered agent.	or the purpose of changing its ri	egistered office or regist	lered agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida.
SIGNATURE.	Signature, woed or printed name of registered ager	t and title if anchewhile CM SE	Registered Agent signature requir	ored when remstating) UATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 CPayable to Florida Department	0,		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
nnı	D	☐ Delete	UILE	☐ Change ☐ AGG
NAME STREET ADORESS CITY-S1-ZIP	BALLENGEE, DONALD 130 N. WABASH AVE. LAKELAND FL 33801		NAME STREET ADORLSS CITY+SI+ZIP	880088416912 02/13/86-800 37-0 02 1 58.00 °
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Title NAME STREET ADDRESS CHY-ST-ZIP		Delete	DIEL NAME STREEL AUDRESS CITY-SI-ZIP	Change ☐ Aft
NAME STREET ADDRESS CHY-SI-ZIP		☐ Øefele	TITLE NAME SIBEET ADDRESS CITY-SI-ZE	☐ Change ☐ Add
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IITLE NAME STRELI AUDRESS CITY-SI-ZIP		Oelete	TITLC NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1-31-06 863 688 3113