

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005269

FILED
Jan 10, 2007
Secretary of State

Entity Name: NEW BALANCE COMPOUNDING SPECIALIST, INC.

Current Principal Place of Business:

1440 SOUTH OCEAN BLVD
UNIT 5 C
LAUDERDALE BY THE SEA, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1440 SOUTH OCEAN BLVD
UNIT 5 C
LAUDERDALE BY THE SEA, FL 33062 US

New Mailing Address:

FEI Number: 59-3703534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGRAW, THOMAS L
1440 SOUTH OCEAN BLVD
UNIT 5C
LAUDERDALE BY THE SEA, FL 33062 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGRAW, THOMAS L
Address: 1440 SOUTH OCEAN BLVD UNIT 5C
City-St-Zip: LAUDERDALE BY THE SEA, FL 33065 US

Title: SD () Delete
Name: MCGRAW, KELI C
Address: 1440 SOUTH OCEAN BLVD UNIT 5 C
City-St-Zip: LAUDERDALE BY THE SEA, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: THOMAS L. MCGRAW

PD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date