
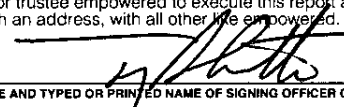


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90284 044 \*\*\*150.00

<b>DOCUMENT # P01000096637</b> 1. Entity Name <b>BALANCE FOR LIFE, INC.</b>					
Principal Place of Business <b>1475 W CYPRESS CREEK RD STE 204 FT LAUDERDALE, FL 33309</b>			Mailing Address <b>1475 W CYPRESS CREEK RD STE 204 FT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>1595 W. OAKLAND PARK BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1595 W. OAKLAND PARK BLVD.</b> Suite, Apt. #, etc.			
City & State <b>OAKLAND PARK, FL. 33301</b> Zip Country		City & State <b>OAKLAND PARK, FL. 33301</b> Zip Country		4. FEI Number <b>65-1142293</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>SUTTER, TROY D 4475 W CYPRESS CREEK RD STE 204 FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1595 W. OAKLAND PARK BLVD.</b> <b>OAKLAND PARK, FL. 33301</b> City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUTTER, TROY D</b> <input type="checkbox"/> Delete <b>4475 W CYPRESS CREEK RD STE 204</b> <b>FT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1595 W. OAKLAND PARK BLVD.</b> <b>OAKLAND PARK, FL. 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other life empowered.					
<b>SIGNATURE: X</b> 			Date <b>4/9/04</b> Daytime Phone #		