## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000019505

1. Entity Name

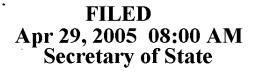
BALANCE FOR LIFE CONSULTANTS, INC.



Principal Place of Business

6278 NORTH FEDERAL HIGHWAY SUITE 456 FORT LAUDERDALE, FL 33308 Mailing Address

6278 NORTH FEDERAL HIGHWAY SUITE 456 FORT LAUDERDALE, FL 33308





03072005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 03-0397892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SUTTER, TROY D 6278 NORTH FEDERAL HIGHWAY SUITE 456 FORT LAUDERDALE, FL 33308 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000341706 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITI F NAME SUTTER, TROY D 6278 NORTH FEDERAL HIGHWAY SUITE 456 STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 like empowered.

SIGNATURE:

AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/25/05

954-568-3229