2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2007 08:00 AM **Secretary of State DOCUMENT # P02000023455** BALÁNCE IT, INC. Principal Place of Business Mailing Address **6793 HENDRY DRIVE 6793 HENDRY DRIVE** LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 No Chg-P CR2E034 (11/05) 01312007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3613382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIGGS, SUSAN D DO NOT WRITE 6793 HENDRY DRIVE LAKE WORTH, FL 33463 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 03/29/07-80043-021 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ΠP WIGGS, SUSAN D NAME STREET ADDRESS 6793 HENDRY DRIVE CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

FILED

SUSAN D. WIGGS