

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046233

Entity Name: BALANCING STICK, INC.

FILED  
Mar 01, 2005  
Secretary of State

## Current Principal Place of Business:

3055 S. FEDERAL HWY  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

C/O STEPHANIE K, KINSMAN  
701 LINDELL BOULEVARD  
DELRAY BEACH, FL 33444

## New Mailing Address:

C/O STEPHANIE K, KINSMAN  
424 NE WAVECREST WAY#8  
BOCA RATON, FL 33432

FEI Number: 02-0595918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KINSMAN, STEPHANIE K  
701 LINDELL BOULEVARD  
DELRAY BEACH, FL 33444 US

## Name and Address of New Registered Agent:

KINSMAN, STEPHANIE K  
424 NE WAVECREST WAY  
#8  
BOCA RATON, FL 33432 US

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:

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KINSMAN, STEPHANIE K  
Address: 701 LINDELL BOULEVARD  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP ( ) Delete  
Name: KINSMAN, JONATHAN  
Address: 701 LINDELL BLVD.  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KINSMAN, STEPHANIE K  
Address: 424 NE WAVECREST WAY #8  
City-St-Zip: BOCA RATON, FL 33432

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 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 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: STEPHANIE KINSMAN

PD

03/01/2005

Electronic Signature of Signing Officer or Director

Date