2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P02000046233

Entity Name: BALANCING STICK, INC.

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
2798 N.E. 28TH TERRACE
BOCA RATON, FL 33431

New Mailing Address:

C/O STEPHANIE K, KINSMAN
2798 N.E. 26TH TERRACE
BOCA RATON, FL 33431

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

Name and Address of New Registered Agent:

KINSMAN, STEPHANIE K
2798 NE 26TH TERRACE
BOCA RATON, FL 33431 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: 07/05/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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: 2798 NE 26TH TERRACE
City-St-Zip: BOCA RATON, FL 33431

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: STEPHANIE KINSMAN PD 07/05/2006
Electronic Signature of Signing Officer or Director — Date