2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P02000055153** 04-23-2007 90261 020 ***150.00 1. Entity Name JOE BALSAMO ENTERPRISES, INC. Principal Place of Business 40011 Mailing Address 3907 NW 22 ST 3907 NW 22 ST COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 04092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0605536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent BALSAMO, JOE DO NOT WRITE 3907 NW 22 ST COCONUT CREEK, FL 33066 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BALSAMO, JOE NAME STREET ADDRESS 3907 NW 22 ST. CITY-ST-ZIP COCONUT CREEK, FL 33066 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NÁME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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 attachment with an address, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> JOE BALSAMO) NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED