2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077763

Entity Name: BACK N' BALANCE, INC

FILED Apr 21, 2009 Secretary of State

Littly Nan	He. DACKIN	BALANCE, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
240 PATRICIA AVE DUNEDIN, FL 34698			1059 BRO STE C DUNEDIN	ADWAY , FL 34698		
Current Mailing Address:			New Mailing Address:			
240 PATRICIA AVE DUNEDIN, FL 34698			1059 BROADWAY STE C DUNEDIN, FL 34698			
FEI Number:	01-0738196	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of 0	Current Registered Agent:	Name and	Address of New Registered Agent:		
240 PATRI DUNEDIN,	FL 34698	US				
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both		
SIGNATUF	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PTD (SNAIR, PATRIC 240 PATRICIA DUNEDIN, FL	AVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SNAIR, PATRICIA L 1059 BROADWAY STE C DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition READ, BARBARA A 1224 COUNTY RD 1 DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition CASEY, PAUL G 7336 SANDLEWOOD DR PORT RICHEY, FL 34668		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition BRINEGAR, JANICE E 2815 RAMPART CR CLEARWATER, FL 33761		
Title: Name: Address:	() Delete	Title: Name: Address:	DIR () Change (X) Addition GLASER, MOLLY K 2500 WINDING CREEK BLVD B-206		

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA L. SNAIR, D.C. PRES 04/21/2009