

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010033

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** NATIONAL BALANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

8950 9TH STREET NORTH  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

8950 DR. MLK JR. STREET NORTH  
SUITE 101  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

8950 9TH STREET NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

8950 DR. MLK JR. STREET NORTH  
SUITE 101  
ST. PETERSBURG, FL 33702

FEI Number: 02-0680560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDER, LYNNE ESQ.  
777 SOUTH HARBOUR ISLAND BLVD.  
SUITE 128  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MORGAN, FLOYD  
Address: 7540 141ST NORTH  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: FLOYD MORGAN

D

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date