

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088275

FILED
Jan 04, 2005
Secretary of State

Entity Name: BALANCE DIAGNOSTICS & ASSOCIATES, INC.

Current Principal Place of Business:

2802 NORTH 46TH AVE AOT B624
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

2802 NORTH 46TH AVE AOT B624
HOLLYWOOD, FL 33021

New Mailing Address:

2802 NORTH 46TH AVE APT B624
HOLLYWOOD, FL 33021

FEI Number: 90-0105319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANIER, GARY
2802 NORTH 46TH AVE AOT B624
HOLLYWOOD, FL 33021 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: DPVS () Delete
Name: SPANIER, GARY
Address: 2802 NORTH 46TH AVE AOT B624
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: SPANIER, GARY
Address: 2802 NORTH 46TH AVE AOT B624
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY SPANIER

MR.

01/04/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date