2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCU 1. Entity Nam	MENT # P03000103			FILED			
PASSION 2 BALANCE, INC.					05 DEC 30	PH 1: 03	
Principal Place of Business 312 SWEET SPICE ST HENDERSON, NV 89014 Mailing Address 312 SWEET SPICE ST HENDERSON, NV 8901			14		Profit of a second		
	Place of Business TAPLIGUT (ANYON A	3. Mailing Address STAPLICHT Suite, Apt. #, etc.	CANYUN AY	10202	005 REIN-P	CR2E098 (6/04)	
City & State		City & State AS VEGAS NV.		4. FEIN	I Number Applied Fo		oplied For ot Applicable
89123	Country USA 6. Name and Address of Current	^{Zip} 89123	Country US/J		ficate of Status Desired and Address of New Regis	\$8.75 Add Fee Required	litional d
	WILLIAM- ETWATER W, CIRCLE	Street Ac	Name RIPPARD, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1053 ROCK HILL LOUP				
<u> </u>		Arst	POPKA FL 32 7/2				
8. The above the obligate SIGNATURE	named entity submits this statement to tions of egistered agent.	Q.	registered office or E: Registered Agent signat		12/	. I am familiar with,	and accept
	E NOW!!! FEE IS \$750.00 nuary 1, 2006, Fee will be \$900.0	00					
10.	OFFICERS AND		11.		ONS/CHANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIPPARD, WILLIAM H 312 SWEET SPICE ST HENDERSON, NV 89014	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12	30006251 //30/0501054	L4633 -028 **750	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIVARAL, NELSON A 312 SWEET SPICE ST HENDERSON, NV 89014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1621 STA	VARAL, NELSON A Change Addition 21 STARLIS HT CANYON AVE. AS VEGAS, NV 89(2.5)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROZYEVA, GOULIA 312 SWEET SPICE ST HENDERSON, NV 89014	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROZYĽVA 1621 STA LAS	COULIA CLIGHT CANYON VEGAS, NV E	A AVE: 39123	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 1/03/	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12	30006251 /30/0501054	□ Change 1.4633 -029 **8.7	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENSTATE	A Peletre	STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that ri owered to execute this report	ny signature shall he as required by Char	ve the same lengt	effect as if made under oath; tatutes; and that my name ap	that I am an officer of the pears in Block 10 or	or director Block 11 if
SIGNAT	URE: Signature and TYPED OR I	PRINCIPED NAME OF SIGNING OF THESE	CE SURECTOR		12-1_ Date (7)	5-05 02\887-	4/61