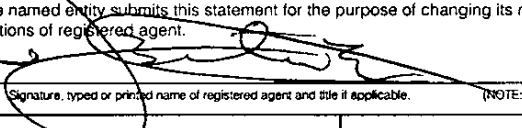
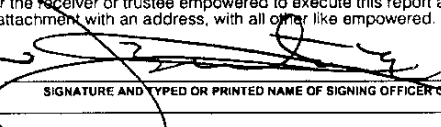


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90001 038 ***150.00

DOCUMENT # P03000122521 1. Entity Name BALLMED, INC.					
Principal Place of Business 848 BRICKELL KEY DRIVE 1001 MIAMI, FL 33131			Mailing Address P.O. BOX 4604 HIALEAH, FL 33014		
2. Principal Place of Business 19838 NW 85 AVE			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI, FLORIDA			City & State 		
Zip 33015		Country 		Zip 	
Country 		Country 		4. FEI Number 20-0354333	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				6052006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BALLISTA, JOHNNY 848 BRICKELL KEY DRIVE, #1001 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Ballista, JOHNNY Street Address (P.O. Box Number is Not Acceptable) 19838 NW 85 AVE City MIAMI FL Zip Code 33015		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALLISTA, JOHNNY 848 BRICKELL KEY DRIVE MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ballista, JOHNNY 19838 NW 85 AVE MIAMI, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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