2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

SIGNATURE

with an address, with all other like empowered.

## Feb 27, 2006 08:00 AM DOCUMENT # P03000124855 **Secretary of State** 1. Entity Name R. E. BALL, INC. Mailing Address Principal Place of Business 12230 TANGERINE BLVD ROYAL PALM BEACH FL 33412 12230 TANGERINE BLVD ROYAL PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 02-0712052 Not Applied Country Country \$8.75 Additional Ζìσ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 Zip Code City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE DATE Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ( After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 31. ☐ Change ☐ A 14\*\*\* TITLE PD ☐ Delete TITLE NAME BALL, RICHARD E U00000450681 03/10/06-80015-807 150.00 STREET ADORESS STREET ADDRESS 12230 TANGERINE BLVD CITY-ST-ZIP ROYAL PALM BEACH FL 33412 CAY-SI-ZP Change Addin. ☐ Delete TITLE THILE MAMAE NAMO STREET ADDRESS STREET ADORESS CITY-\$7-219 CHY-SI-ZIP Delete BILL ☐ Change T Addition BILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete ☐ Change □ Allen TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Adding ☐ Delete TITLE SUNSUS MAME STREET ADDRESS STREET ADDRESS CLTY - ST- ZIP CITY-ST-ZIP DILE ☐ Detete TITLE ☐ Change Added Added NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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 1.

**FILED** 

EB 23,06 (561) 386-403