2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000012355



FILED

Mar 15, 2005 8:00 am Secretary of State

03-15-2005 90024 003 ***150.00

904-472-8761

Daytime Phone #

PRESIDENT 3/12/2005

JW BALANCED SOLUTIONS, INC. Principal Place of Business Mailing Address 7651 GATE PARKWAY SUITE 206 7651 GATE PARKWAY SUITE 206 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 54-Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBSTER, JAMES A Street Address (P.O. Box Number is Not Acceptable) 7651 GATE PARKWAY SUITE 206 JACKSONVILLE, FL 32256 City Zio Code 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change **PSD** TITLE ☐ Delete TITLÉ WEBSTER, JAMES A NAME NAME STREET ADDRESS 7651 GATE PARKWAY SUITE 206 STREET ADDRESS JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY+ST-ZIP VTD Delete TITLE ☐ Change ☐ Addition TITLE WEBSTER, PILAR NAME NAME STREET ADDRESS STREET ADDRESS 7651 GATE PARKWAY SUITE 206 CUTY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32256 Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition ☐ Defete TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 allyginer like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR