

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107582

Entity Name: BATTERIES, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

3275 AMBERLEY PARK CIRCLE
KISSIMMEE, FL 34743 US

Current Mailing Address:

3275 AMBERLEY PARK CIRCLE
KISSIMMEE, FL 34743 US

New Principal Place of Business:

4803 DISTRIBUTION CT.
SUITE 11
ORLANDO, FL 32822 US

New Mailing Address:

4803 DISTRIBUTION CT.
SUITE 11
ORLANDO, FL 32822 US

FEI Number: 20-1387774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWEIKART, SHAWN A
3275 AMBERLEY PARK CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

SCHWEIKART, SHAWN A
4812 LAKES EDGE LANE
KISSIMMEE, FL 34744 US

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: SHAWN SCHWEIKART

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWEIKART, SHAWN A
Address: 3275 AMBERLEY PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VP () Delete
Name: SIMMONS, JEFF D
Address: 3275 AMBERLEY PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWEIKART, SHAWN A
Address: 4812 LAKES EDGE LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Change () Addition
Name: SIMMONS, JEFF D
Address: 4812 LAKES EDGE LANE
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHAWN SCHWEIKART

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date