## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000107582

Entity Name: BATTERIES, INC.

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principa	New Principal Place of Business:		
4803 DISTRIBUTION CT.				4752 DISTRIBUTION CT.		
SUITE 7 ORLANDO	), FL 32822	US	SUITE 5 ORLANDO, FL	_ 32822 US		
Current M	lailing Addre	ss:	New Mailing	New Mailing Address:		
4803 DISTRIBUTION CT.				4752 DISTRIBUTION CT.		
SUITE 7 ORLANDO	D, FL 32822	US	SUITE 5 ORLANDO, FL	_ 32822 US		
FEI Number:	: 20-1387774	FEI Number Applied For ( )	FEI Number Not Applicab	ele ( ) Certificate of Statu	s Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
4812 LAKE KISSIMME The above	ART, SHAWNES EDGE LANE, FL 34744  named entitye of Florida.	IE US	e purpose of changing its re	egistered office or registered	agent, or both,	
SIGNATU						
Election Car		nic Signature of Registered <i>F</i> ng Trust Fund Contribution ( ).	gent	Date		
	S AND DIREC	-	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( SCHWEIKART 4812 LAKES E KISSIMMEE, F	DGE LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( SIMMONS, JE 4812 LAKES E KISSIMMEE, F	DGE LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify 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 A. SCHWEIKART PRES 04/30/2009