## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000002076

Entity Name: BALLISTIC BY DESIGN, INC.

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	EAF CIRCLE RY, FL 32746				
Current Mailing Address:			New Mailing Address:		
	EAF CIRCLE RY, FL 32746				
FEI Number:	26-0104507	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of	Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registe	red Agent:
305 OAK Ĺ	THOMAS J EAF CIRCLE RY, FL 32746	US			
	named entity su e of Florida.	bmits this statement for the p	ourpose of changing i	ts registered office or regis	tered agent, or both,
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	<del>)</del>
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () E MADES, NATALIE 305 OAK LEAF C LAKE MARY, FL	IRCLE	Title: Name: Address: City-St-Zip:	()Change()Ad	ddition
Title: Name: Address:	AMADOR, THOM		Title: Name:	V (X) Change ( ) Ad MADES, NATALIE J	ddition
City-St-Zip:	305 OAK LEAF C LAKE MARY, FL		Address: City-St-Zip:	305 OAK LEAF CIRCLE LAKE MARY, FL 32746	
	LAKE MARY, FL				ddition

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: THOMAS J AMADOR PST 03/13/2007