


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT -**

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FILED
Apr 07, 2006 8:00 am
Secretary of State

03-23-2006 90020 002 ***150.00

DOCUMENT # P05000003777 1. Entity Name BALANCE & BLISS, INC.																																					
Principal Place of Business 735 17TH ST. N. ST. PETERSBURG, FL 33713			Mailing Address 735 17TH ST. N. ST. PETERSBURG, FL 33713																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country																																		
5. Name and Address of Current Registered Agent O'DUNN, DENISE 735 17TH ST. N. ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:40%; padding: 2px;"> D <input type="checkbox"/> Delete O'DUNN, DENISE 555 5TH AVENUE NORTH 735-17TH ST. NORTH ST. PETERSBURG, FL 33704 33713 </td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>			TITLE	D <input type="checkbox"/> Delete O'DUNN, DENISE 555 5TH AVENUE NORTH 735-17TH ST. NORTH ST. PETERSBURG, FL 33704 33713	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:40%; padding: 2px;"></td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Denise O'Dunn  3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #