2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FILED Mar 27, 2007 08:00 AM Secretary of State

Daytime Phone #

| ANNUAL REPURI | | | | Secretary of State | | | |
|---|--|------------------------------------|--------------------------------------|--------------------|------------------------|---|---------------|
| 1. Entity Nam | MENT # P0500004251 Ballard, INC. | 0 | | | | Jen vour j | |
| Principal Place of Business Mailing Address 831 BIRCH AVE PO BOX 1844 INVERNESS, FL 34451 INVERNESS, FL 34451 | | | | | | \$\\G#\\!\!\\ | |
| D | OO NOT WRITE II | CE | 02092007 4. FEI Number 20-2538 | No Chg-P | CR2E034 (11/05 | pplied For lot Applicable Iditional | |
| 831 BIRCH | 6. Name and Address of Current Regis , REGINA M H AVE SS, FL 34451 | stered Agent | | | NOT W | | |
| the obligation of the state of | named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | | ed Agent signature require | | ا, in the State of Fic | orida. I am familiar wil ^k | i, and accept |
| - 10. THE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE PSTD BALLARD, REGINA M 831 BIRCH AVE INVERNESS, FL 34451 | CTORS . | , | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | U. 04/0 | 00000680587 4/07-80006- | 017 150 00 |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | /RITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS SF | PACE | |
| INTLE NAME STREET ADDRESS CHY-S1-ZIP | | | | ~~ . | | | |
| NAME STREET ADDRESS | The state of the s | Frank Onganga i Frank Onganga i | oli (II) | 다. 1942 | | | |

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 type 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.

REGINA
THEO NAME OF SIGNING OFFICER OR DIRECTOR