

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000044148

Entity Name: IN BALANCE MESSAGES, INC.

FILED
Oct 10, 2006
Secretary of State

Current Principal Place of Business:

FLORIDA HEALTH ACADEMY
261 NINTH ST. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

FLORIDA HEALTH ACADEMY
261 NINTH ST. SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENZES, MICHAELA
740 108 AVE N
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: MICHAELA PENZES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PENZES, MARIAN
Address: 740 108TH AVE. N.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: PENZES, MICHAELA
Address: 740 108TH AVE. N.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAELA PENZES

D

10/10/2006

Electronic Signature of Signing Officer or Director

Date