


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-05-2006 90187 023 ***150.00

DOCUMENT # PD 50000 48597	
1. Entity Name Balance Image Inspections, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2127 Hedgerow Cir	3. Mailing Address P.O. Box 681594
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.

City & State Ocoee, Florida	City & State Orlando, Florida
Zip 34761	Zip 32868-1594
Country Orange	Country Orange

4. FEI Number 72-1599863	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Elisabeth Fragosa	
	Street Address (P.O. Box Number is Not Acceptable) 2127 Hedgerow Cir	
	City Ocoee	FL Zip Code 34761

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 **Elisabeth Fragosa** DATE **4/25/06**
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Elisabeth Fragosa 2127 Hedgerow Cir Ocoee, FL 34761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Elisabeth Fragosa** **Elisabeth FRAGOSA** **4/25/06** **407-654-9957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

~~#PL5800048597~~
66020753

I think I corrected form by filling out
title, name... of officer ~~and~~ director of the corporation.
(you had sent this form back to me)

Elisabeth Fragosa