




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90180 029 ***150.00

DOCUMENT # P06000012643 1. Entity Name BALLOON WORLD INCORPORATED																																																																	
Principal Place of Business 2401-C TAMiami TRAIL C PORT CHARLOTTE, FL 33952			Mailing Address P.O.BOX 496308 PORT CHARLOTTE, FL 33949																																																														
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01092007 Chg-P CR2E034 (12/06)																																																													
City & State		City & State																																																															
Zip Country		Zip Country																																																															
4. FEI Number		XX Applied For Not Applicable																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KORMANN, ROBERT W 2401 C TAMiami TRAIL C PORT CHARLOTTE, FL 33952																																																													
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KORMANN, ROBERT W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P O BOX 496308</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33949</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KORMANN, DEBORAH S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P O BOX 496308</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33949</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	KORMANN, ROBERT W		STREET ADDRESS	P O BOX 496308		CITY-ST-ZIP	PORT CHARLOTTE, FL 33949		TITLE	VP	<input type="checkbox"/> Delete	NAME	KORMANN, DEBORAH S		STREET ADDRESS	P O BOX 496308		CITY-ST-ZIP	PORT CHARLOTTE, FL 33949		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	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:  Robert W. Korman July 9, 2007 941-624-5050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																	