

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079705

FILED
May 16, 2007
Secretary of State

Entity Name: BALANCE RECOVERY NETWORK, INC.

Current Principal Place of Business:

2720 PARK STREET
SUITE #205
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2720 PARK STREET
SUITE #205
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-4998242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROWLAND V
1125-1 CESERY BLVD
JACKSONVILLE, FL 32211 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: _____

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: CEO () Delete
Name: HARTMAN, WINFIELD SCOTT II
Address: 1650 MARGARET ST #302 PMB 380
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: HARTMAN, WINFIELD SCOTT
Address: 1650 MARGARET ST #302 PMB 380
City-St-Zip: JACKSONVILLE, FL 32204

Title: COOV () Delete
Name: WHITFIELD, L C
Address: 1650 MARGARET ST #302 PMB 380
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD (X) Delete
Name: WHITFIELD, L C
Address: 1650 MARGARET ST #302 PMB 380
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: TRIPLETT, MARY
Address: 10811 JAVA DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD (X) Change () Addition
Name: WHITFIELD, LEON C
Address: 1044 WEST 29TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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

I hereby certify that the information supplied with this filing does not qualify 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: WINFIELD S, HARTMAN

CEO

05/16/2007

Electronic Signature of Signing Officer or Director

_____ Date