
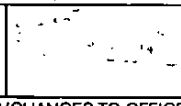


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90226 043 \*\*\*150.00

<b>DOCUMENT # P06000104041</b> 1. Entity Name <b>SUCCESS WITH BALANCE, INC.</b>					
Principal Place of Business <b>8333 WEST MC NAB ROAD SUITE 203 TAMARAC, FL 33321</b>			Mailing Address <b>8333 WEST MC NAB ROAD SUITE 203 TAMARAC, FL 33321</b>		
2. Principal Place of Business - No P.O. Box # <i>Effective 5/5/08</i>		3. Mailing Address Suite, Apt. #, etc. <i>10258 NW 46th Street → same</i>			
City & State <i>Sunrise, FL</i>		City & State <i>same</i>			
Zip <b>33351</b>		Country <b>USA</b>		4. FEI Number <b>20-5653200</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KIRSCHNER HYMAN, AMY 8333 WEST MC NAB ROAD SUITE 203 TAMARAC, FL 33321</b>			7. Name and Address of New Registered Agent Name <i>to be effective 5/5/08</i> Street Address (P.O. Box Number is Not Acceptable) <i>10258 NW 46th Street</i> City <i>Sunrise</i> <b>FL</b> Zip Code <i>33351</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust F and Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <b>KIRSCHNER HYMAN, AMY</b> <b>8333 WEST MC NAB ROAD, SUITE 203</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>to be effective 5/5/08</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10258 NW 46th Street</b> <b>Sunrise, FL 33351</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/30/08</i> Daytime Phone # <i>954-721-1020</i>		

40095891



04302008 Chg-P CR2E034 (12/06)