

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117409

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: PERFECT BALANCE SERVICES CORP.

## Current Principal Place of Business:

506 SR 434  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

506 E. STATE ROAD 434  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

506 SR 434  
WINTER SPRINGS, FL 32708

## New Mailing Address:

506 E. STATE ROAD 434  
WINTER SPRINGS, FL 32708

FEI Number: 20-5529508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, MATILDE  
1891 SWEETWATER BLVD.  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

MARTINEZ, MATILDE  
1891 SWEETWATER BEND  
DELTONA, FL 32738 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, MATILDE  
Address: 1891 SWEETWATER BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete  
Name: MARTINEZ, ELIDETH  
Address: 1891 SWEETWATER BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete  
Name: MARTINEZ, ARACELI  
Address: 1891 SWEETWATER BLVD.  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARTINEZ, MATILDE  
Address: 1891 SWEETWATER BEND  
City-St-Zip: DELTONA, FL 32738

Title: VP (X) Change ( ) Addition  
Name: MARTINEZ, ELIDETH  
Address: 1891 SWEETWATER BEND  
City-St-Zip: DELTONA, FL 32738

Title: S (X) Change ( ) Addition  
Name: MARTINEZ, ARACELI  
Address: 1891 SWEETWATER BEND  
City-St-Zip: DELTONA, FL 32738

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: MATILDE MARTINEZ

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date