


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90029 020 \*\*\*163.75

<b>DOCUMENT # P07000072355</b> 1. Entity Name <b>BALANCED ENERGIES INC</b>					
Principal Place of Business <b>236 PRADO STREET APALACHICOLA, FL 32329</b>			Mailing Address <b>PO BOX 908 APALACHICOLA, FL 32328</b>		
2. Principal Place of Business - No P.O. Box # <b>29 AVE. E</b> Suite, Apt. #, etc. <b>#6</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>APALACHICOLA</b> Zip <b>32329</b>			
City & State <b>APALACHICOLA</b> Zip <b>32329</b>		City & State  Zip  Country		4. FEI Number <b>11-3234255</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>STOTT, HOLLIE M 236 PRADO STREET APALACHICOLA, FL 32329</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STOTT, HOLLIE M 236 PRADO STREET APALACHICOLA, FL 32329</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Hollie M. Stott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/12/08 850-896-7267</b> <small>Date Daytime Phone #</small>		