2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2005 8:00 am Secretary of State

02-04-2005 90089 001 ***300.00

1. Entity Name BALANCED CAPITAL SERVICES, INC.				02-04-2003 90089 001 *** 300.00				
Principal Place of Business 90 STATE HOUSE SQUARE HARTFORD, CT 06103	Mailing Address 90 STATE HOUSE SQI C/O CHERYL GORHAN HARTFORD, CT 0610				66001			} .00
Principal Place of Business Mailing Address			· · ·					
Suite, Apt. #, etc. Suite, Apt. #, etc.				01122005	Chg-P	CR2E0	34 (10/03)	
City & State	City & State			4. FEI Number 06-08784	468			plied For ot Applicable
Zip Country	Zip	Country		5. Certificate of	******		\$8.75 Add	litional
6. Name and Address of Currer	t Registered Agent			7. Name and A	ddress of New F	Registered A	Agent	
		Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324			***					
				FL Zip Code				е
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing i	ts registered office	or register	red agent, or both,	in the State of Fl	lorida. Lam	lamiliar with,	and accept
SIGNATURE							• • •	
Signature; typed or printed name of registered age	nt and title if applicable (NC	TE: Registered Agent sign	zgne tedniser	I when reinstating)	<u>a</u>	DATE	_	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be				
			J Add	led to Fees			• • • • •	
10. CFFICERS AN	D DIRECTORS	11.	AGG		HANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
10. COFFICERS AN			6 1		A	FICERS AND	DIRECTOR	S IN 11
ITILE S NAME HOROWITZ, DAVID A	D DIRECTORS	11. TITLE NAME	9	ADDITIONS/C	A	FICERS AND		
NAME HOROWITZ, DAVID A STREET ADDRESS 90 STATE HOUSE SQUARE	D DIRECTORS	11. TITLE NAME STREET ADDRESS	9	ADDITIONS/C	A	FICERS AND		
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12. I hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

860-509-2190

Daytane Phone #