

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90013 007 ***150.00

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1. Entity Name
BALANCING OUT ENTERPRISES, INC.



Principal Place of Business
**2805 E OAKLAND PK BLVD
SUITE 346
FT. LAUDERDALE, FL 33306 US**

Mailing Address
**2805 E OAKLAND PK BLVD
SUITE 346
FT LAUDERDALE, FL 33306 US**

40110-



05112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0368359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VICTORIA J. MACCALLUM
2805 E OAKLAND PK BLVD
SUITE 346
FT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACCALLUM, VICTORIA J
STREET ADDRESS	2805 E OAKLAND PK BLVD. #346
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	O
NAME	MACCALLUM, VICTORIA J
STREET ADDRESS	2805 E OAKLAND PK BLVD. #346
CITY-ST-ZIP	POMPANO BEACH, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria MacCallum
VICTORIA MACCALLUM

Date

Daytime Phone #

954-568-5783