## 2007 FOR PROFIT CORPORATION 🚙 **ANNUAL REPORT**

## **FILED** Mar 01, 2007 08:00 A Secretary of State DOCUMENT # P94000032020 1. Entity Name BALUSTER, INC. Principal Place of Business Mailing Address 1943 N.W. 22ND ST. 1943 N.W. 22ND ST. STUART, FL 34994 STUART, FL 34994 CR2E034 (11/05) 02192007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0493245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent WALLACE, KARL K III DO NOT WRITE 1943 N.W. 22ND STREET STUART, FL 34994 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WALLACE, KARL K III STREET ADDRESS 1943 N.W. 22ND ST. CITY-ST-ZIP STUART, FL 34994 U00000651869 TITLE 03/09/07-80023-017 150.00 NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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