## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

	ANNUAL	. REPORT			_	Secr	etary of St	ate
1. Entity Nan	MENT # P9600000 BAL WORKSHOP, INC.	9990	<del>-</del> .			Seci	ctary or Si	iac
Principal Place of Business 4994 PINOT STREET ROCKLEDGE, FL 32955-5164		Mailing Address 4994 PINOT STREET ROCKLEDGE, FL 32955-5164		1 14 20 14 20 17 20 17		40. <b>22</b> 00 <b>22</b> 00 <b>22</b> 00 <b>220 220 22</b> 0 21	IN <b>es</b> i maksi	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 65-0630		} <del>-</del> -}	ophed For ot Applicable	
Ζιρ	Country	Zip	Coun	try	L	i Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		}	7. Name and	Address of New F	Registered Agent	
	DYCE R OT STREET DGE, FL 32955-5164	Street Address		(P.O. Box Number is Not Acceptable)				
}				City		<del>_</del> _	FL Zip Cod	le
	e named entity submits this statement for	r the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flo	onda. I am familiar with,	and accept
SIGNATURE.	<del></del>		-			·		:
	Signature Typed or printed name of registered egent i	ericlititis il applicable (NOTE	Registere	Agent signature required	when reinstalling)		OATE	
Fil After M	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaig     Trust Fund Contri			00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEHN, JOYCE R 4994 PINOT STREET ROCKLEDGE, FL 329555164	Oe/ele				U0000( 05/12/06	□ Change 0548298 -80057-019 15	□ Addition {  30.80
TITLE MAME STREET ADDRESS CITY - ST - TIP		□ Oelala		)			☐ Change	Addition
TIPLE MANG STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	∏ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	,			☐ Change	☐ Addilion
TIFLE NAME STREET ADDRESS CUTY-ST-ZIP		☐ Delete		1			☐ Change	noifibbA 🗌
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Celete		,			☐ Change	Addilion
d the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, v	wered to execute this report a	the exe y signat is requir	mptions contained ure shall have the s ed by Chapler 607	in Chapter 119, ame legal effect , Florida Statutes	Florida Statutes, ( as if made under o and that my name	further certify that the moath, that I am an officer e appears in Block 10 or	or director Block 11 if