
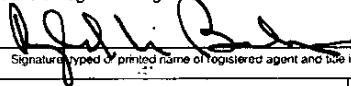



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90004 008 ***150.00

| | | | | | |
|--|--|---------------------------------|--|--|--|
| DOCUMENT # P97000005712 1. Entity Name BALSIZER FINANCIAL SERVICES, INC. | | | |  | |
| Principal Place of Business 11680 BONITA BEACH RD SUITE A BONITA SPRINGS, FL 34133 US | | | Mailing Address P. O. BOX 829 BONITA SPRINGS, FL 34133 US | | |
| 2. Principal Place of Business 10911 BONITA BEACH RD Suite, Apt. #, etc. 2031 | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State BONITA SPRINGS FL | | | City & State | | |
| Zip 34135 | | Country USA | | 4. FEI Number 59-3414974 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BALSIZER, REYNOLD 11680 BONITA BEACH RD SUITE 201 BONITA SPRINGS, FL 34135 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10911 BONITA BEACH RD. STE 2031 City BONITA SPRINGS FL Zip Code 34135 | |
| 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  DATE 1/30/06 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALSIZER, REYNOLD 11680 BONITA BCH RD STE 201 BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete | | | |
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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. | | | | | |
| SIGNATURE:  DATE 1/30/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |