FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Sep 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000065354 (7)**

1. Corporation Name
BALANCED RESOURCE CORP.

Principal Place of Business	Mailing Address
1230 DOUGLAS AVENUE SUITE 210 LONGWOOD FL 32779	1230 DOUGLAS AVENUE SUITE 210 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 EAST PARK BOULEVARD Suite, Apt. #, etc 22 SUITE # 711 City & State 23 PLANO TEXAS Zip 24 75074 Country 25 USA	2a. Mailing Address 26 101 EAST PARK BOULEVARD Suite, Apt. #, etc 27 SUITE # 711 City & State 28 PLANO TEXAS Zip 29 75074 Country 30 USA

3. Date Incorporated or Qualified
07/29/1997

4. FEI Number
59-3459668
☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MEADOWS, JAMES A		1.2 NAME	MEADOWS, JAMES A	
STREET ADDRESS	1230 DOUGLAS AVE, STE 210		1.3 STREET ADDRESS	405 DOUGLAS AVE, STE 2305	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	ALTAMANTE SPRINGS FL 32714	
TITLE		☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME			2.2 NAME	WALDEN, PETER B	
STREET ADDRESS			2.3 STREET ADDRESS	10 DUDLEY ST, SUITE 7	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MERMAID BEACH QLD. AUSTRALIA	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME			3.2 NAME	~~BOONEN, PETER J~~	
STREET ADDRESS			3.3 STREET ADDRESS	~~1201 HOMER ST, SUITE~~	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	~~VANCOUVER BC V6B 6A2~~	
TITLE		☐ DELETE	4.1 TITLE	TSD	☐ Change ☑ Addition
NAME			4.2 NAME	BOONEN, PETER J	
STREET ADDRESS			4.3 STREET ADDRESS	601 WEST BROADWAY SUITE 400	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	VANCOUVER, BC V5Z 4C2	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 9/23/1998