

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90028 033 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P97000065557</b><br>1. Entity Name<br><b>SOUTHERN BALLOON WORKS, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>1401 FLIGHTLINE BLVD<br/>#5<br/>DELAND, FL 32724</b>   |   |   | Mailing Address<br><b>1401 FLIGHTLINE BLVD<br/>#5<br/>DELAND, FL 32724</b>  |  |  |
| 2. Principal Place of Business<br><b>1407 FLIGHTLINE BLVD</b>  |   | 3. Mailing Address<br><b>1407 FLIGHTLINE BLVD</b> |   |  |  |
| Suite, Apt. #, etc.<br><b>#15</b>  |   | Suite, Apt. #, etc.<br><b>#15</b>                 |   |  |  |
| City & State<br><b>DELAND, FL</b>  |   | City & State<br><b>DELAND, FL</b>                 |   |  |  |
| Zip<br><b>32724</b>  |   | Zip<br><b>32724</b>                               |   | Country<br><b>USA</b>  |  |
| Country<br><b>USA</b>  |   | 4. FEI Number<br><b>59-3462042</b>                |   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>MACNAUGHTON, THOMAS<br/>1401 FLIGHTLINE BLVD<br/>#5<br/>DELAND, FL 32724</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>THOMAS MACNAUGHTON</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1407 FLIGHTLINE BLVD</b><br><b>#15</b><br>City <b>DELAND</b> <b>FL</b> Zip Code <b>32724</b> |  |
| 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 _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                          |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>MACNAUGHTON</b><br><b>1401 FLIGHTLINE BLVD #5</b><br><b>DELAND, FL 32724</b>         | <input type="checkbox"/> Delete                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>MACNAUGHTON, MONICA</b><br><b>1401 FLIGHTLINE BLVD #5</b><br><b>DELAND, FL 32724</b> | <input type="checkbox"/> Delete                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete                   |   |  |  |
| 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: <b>MONICA MACNAUGHTON</b><br>_____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |  |  |
| Date <b>2/7/06</b>   |   |   | Daytime Phone # <b>386-734-0747</b>   |  |  |