2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address.

SIGNATURE

with all other like empowered

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

FILED Mar 27, 2008 08:00 AN DOCUMENT # P99000076974 **Secretary of State** 1. Entity Name TRU-BALANCE MFG., INC. Principal Place of Business Mailing Address 2110 NE 36TH AVE. # 198 2110 NE 36TH AVE. # 198 SILVER SPRINGS, FL 34488 SILVER SPRINGS, FL 34488 No Chg-P CR2E034 (11/05) 02112008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3601720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLE, WILLIAM J JR. DO NOT WRITE 1676 NORTHEAST C-314A SILVER SPRINGS, FL 34488 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COLE, WILLIAM J JR. STREET ADDRESS 1676 NORTHEAST C-314A CITY - ST - ZIP SILVER SPRINGS, FL 34488 <u>"UQ0QQ0871422</u> TITLE NAME QO4/09/08-80130-015 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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