

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004515

FILED
Apr 24, 2007
Secretary of State

Entity Name: BATTERIES & BANDS, INC.

Current Principal Place of Business:

9466 SO. 670 WEST, UNIT A
SANDY, UT 84070

New Principal Place of Business:

Current Mailing Address:

9466 SO. 670 WEST, UNIT A
SANDY, UT 84070

New Mailing Address:

FEI Number: 87-0649725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WADDOUPS, DOUGLAS C
Address: 9466 SO. 670 WEST, UNIT A
City-St-Zip: SANDY, UT 84070

Title: VD () Delete
Name: FRAGA, ROBERTO D
Address: 1233 EAST WILD HAY LN
City-St-Zip: DRAPER, UT 84020

Title: D (X) Delete
Name: FRAGA, H. MARCELO
Address: 1227 EAST HICKENLOOPER WAY
City-St-Zip: DRAPER, UT 84020

Title: D () Delete
Name: FRAGA, DANIEL E
Address: 1229 EAST WILD HAY LN.
City-St-Zip: DRAPER, UT 84020

Title: CEO () Delete
Name: ASHTON, BRIAN
Address: 11111 BANDON DUNES COURT
City-St-Zip: LAS VEGAS, NV 89141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FRAGA, ROBERTO D
Address: 1233 EAST WILD HAY LN
City-St-Zip: DRAPER, UT 84020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOD (X) Change () Addition
Name: ASHTON, BRIAN
Address: 11111 BANDON DUNES COURT
City-St-Zip: LAS VEGAS, NV 89141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS C WADDOUPS

PSD

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date