

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004515
 1. Entity Name
 BATTERIES & BANDS, INC.



Principal Place of Business: 9466 SO. 670 WEST, UNIT A, SANDY, UT 84070
 Mailing Address: 9466 SO. 670 WEST, UNIT A, SANDY, UT 84070

FILED
Jul 14, 2008 08:00 AM
 Secretary of State



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07032008 No Chg-P CR2E034 (11/05)

4. FEI Number: 87-0649725
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WADDOUPS, DOUGLAS C 9466 SO. 670 WEST, UNIT A SANDY, UT 84070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAGA, ROBERTO D 1233 EAST WILD HAY LN DRAPER, UT 84020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGA, DANIEL E 1229 EAST WILD HAY LN. DRAPER, UT 84020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ASHTON, BRIAN 11111 BANDON DUNES COURT LAS VEGAS, NV 89141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000954532
 07/14/08-80003-025 150.00

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, trustee or 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: 7-3-08 801-563-1051
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #