

**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  
**1230 DOUGLAS AVENUE  
SUITE 210  
LONGWOOD FL 32779**

Mailing Address  
**1230 DOUGLAS AVENUE  
SUITE 210  
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business <b>101 EAST PARK BOULEVARD</b> Suite, Apt #, etc <b>SUITE # 711</b> City & State <b>PLANO TEXAS</b> Zip <b>75074</b>	22	22	26	2a. Mailing Address <b>101 EAST PARK BOULEVARD</b> Suite, Apt #, etc <b>SUITE # 711</b> City & State <b>PLANO TEXAS</b> Zip <b>75074</b>	27	27	28	28	29	29	30	30
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3.	Date Incorporated or Qualified <b>07/29/1997</b>
4.	FEI Number <b>59-3459668</b>
5.	Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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

Signature type: For printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
	NAME	<b>MEADOWS, JAMES A</b>	
	STREET ADDRESS	<b>1230 DOUGLAS AVE, STE 210</b>	
	CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.	11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	12 NAME	<b>MEADOWS, JAMES A</b>	
	13 STREET ADDRESS	<b>405 DOUGLAS AVE, STE 2305</b>	
	14 CITY-ST-ZIP	<b>ALTAMANTE SPRINGS FL 32714</b>	
	21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	22 NAME	<b>WALDEN, PETER B</b>	
	23 STREET ADDRESS	<b>10 DUDNEY ST, SUITE 7</b>	
	24 CITY-ST-ZIP	<b>MERMAID BEACH QLD. AUSTRALIA</b>	
	31 TITLE	<b>BOONEN, PETER J</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	32 NAME	<b>BOONEN, PETER J</b>	
	33 STREET ADDRESS	<b>801 WEST BROADWAY SUITE 400</b>	
	34 CITY-ST-ZIP	<b>VANCOUVER BC V5Z 4C2</b>	
	41 TITLE	<b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	42 NAME	<b>BOONEN, PETER J</b>	
	43 STREET ADDRESS	<b>801 WEST BROADWAY SUITE 400</b>	
	44 CITY-ST-ZIP	<b>VANCOUVER, BC V5Z 4C2</b>	
	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	52 NAME		
	53 STREET ADDRESS		
	54 CITY-ST-ZIP		
	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	62 NAME		
	63 STREET ADDRESS		
	64 CITY-ST-ZIP		

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 in an attachment with an address.

*[Signature]*

*[Signature]*

CR2E034 (10/97)