

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005805

FILED
May 01, 2006
Secretary of State

Entity Name: THE PUZZLE PLACE FOUNDATION, INC.

Current Principal Place of Business:

6200 SWANS TER
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6200 SWANS TER
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 30-0263832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACKBURN, ELLEN B
6200 SWANS TERRACE
COCONUT CREEK, FL 33073 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEMA, MARK
Address: 6200 SWANS TER
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV () Delete
Name: NEWMAN, DEBORAH
Address: 6200 SWANS TER
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS () Delete
Name: BLACKBURN, ELLEN
Address: 6200 SWANS TER
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BLACKBURN, ELLEN B
Address: 6200 SWANS TER
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV (X) Change () Addition
Name: CAMPBELL, KRISTIN
Address: 10292 OASIS PALM DRIVE
City-St-Zip: TAMPA, FL 33615

Title: DS (X) Change () Addition
Name: BASS, SHEILA
Address: 7751 SOUTHAMPTON TERRACE #102
City-St-Zip: TAMARAC, FL 33321

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN B BLACKBURN

DP

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date