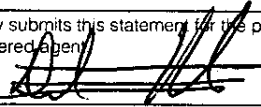


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90042 008 ***150.00

DOCUMENT # P02000057300 1. Entity Name JUMPIN BEANS PARTY RENTALS, INC.					
Principal Place of Business 4057 SOUTH WATERBRIDGE CIRCLE PORT ORANGE FL			Mailing Address 4057 SOUTH WATERBRIDGE CIRCLE PORT ORANGE FL		
2. Principal Place of Business 1725 S. Nova Road C3		3. Mailing Address 1725 S. Nova Road C3		 MOORE CH2034 (11/03)	
Suite, Apt. #, etc. South Daytona Florida		Suite, Apt. #, etc. South Daytona Florida		4. FEI Number 05-0526535	
City & State 32119		City & State 32119		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 32119		Country USA		6. Name and Address of Current Registered Agent BRIAN R. TOUNG, P.A. 213 SILVER BEACH AVENUE DAYTONA BEACH FL 32118	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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  DATE 4-11-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSTEIN, DAVID E 4057 SOUTH WATERBRIDGE CIRCLE PORT ORANGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERSTEIN, DENISE Y 4057 SOUTH WATERBRIDGE CIRCLE PORT ORANGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-11-04 386-260-6880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					