2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750729

Apr 23, 2009 Secretary of State

Entity Name: PLAYGROUND GEM AND MINERAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

17 1ST STREET 17-B FIRST STREET S.E.

FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 LIS

Current Mailing Address: New Mailing Address:

17-B FIRST STREET S.E.

FORT WALTON BEACH, FL 32548 US

FEI Number: 59-1940286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REIKO CHAFIN 1004 BEACHVIEW DR. FORT WALTON BEACH, FL 32547 US

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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

PHILLIPS, SHARON KELLEY, MARY Name: Name: 9 BAY VIEW DR Address: 19 ELM AVE Address:

City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: Title: (X) Change () Addition () Delete WESTON, AL Name: ENGLER, DALE Name:

Address: 701 OVERBROOK DR Address: 24 PRYOR RD. SE

City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: () Delete Title: VP2 (X) Change () Addition JONES, KEIKO WESTON, AL Name: Name:

Address: 207 PAWNEE CIR Address: 701 OVERBROOK DRIVE City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: () Delete Title: (X) Change () Addition Name: FLORES, VINCENT Name: CHAFIN, REIKO

1004 BEACHVIEW DRIVE Address: 218 BRADLEY DR. Address:

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: () Delete Title: () Change (X) Addition

PHILLIPS, SHARON Name: Name: 9 BAYVIEW DRIVE Address: Address: City-St-Zip: City-St-Zip: SHALIMAR, FL 32579 US

I hereby certify that the information supplied with this filing does not qualify 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: SHARON PHILLIPS S 04/23/2009