## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000006406

Entity Name: BOUNDLESS PLAYGROUNDS, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
45 WINTONBURY AVENUE BLOOMFIELD, CT 06002				280 TRUMBULL STREET, 23RD FL. HARTFORD, CT 06103			
Current Mailing Address:				New Mailing Address:			
45 WINTONBURY AVENUE BLOOMFIELD, CT 06002				280 TRUMBULL ST HARTFORD, CT 06103			
FEI Number: 06-1512497 FEI Number Applied For ( ) FEI Nu			FEI Nun	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US							
The above in the State		bmits this statement for the pu	rpose o	f changing it	ts registered of	fice or registered a	gent, or both,
SIGNATURE:							
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T () C BRIGHAM, NEIL 1175 HAMPTON I ATLANTA, GA 30			Title: Name: Address: City-St-Zip:	LEONE, FREDE	STREET, 23RD FL.	
Title: Name: Address: City-St-Zip:	V ()E BROWN, BARBA 48 SENECA ROA WEST HARTFOR	D		Title: Name: Address: City-St-Zip:	SHAW, STEVE 98 SUNNY REA	Change ( ) Addition CH DRIVE RD, CT 06117 US	
Title: Name: Address: City-St-Zip:	D () E HELLMAN, ILENE 115 WOODLAND AVON, CT 06001	HILLS DRIVE		Title: Name: Address: City-St-Zip:	T (X) GOLDENBERG, 92 AYRSHIRE L AVON, CT 0600	ANE	
Title: Name: Address: City-St-Zip:	D (X) E BARZACH, AMY 45 WINTONBURY BLOOMFIELD, C			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P (X) E SHAW, STEVE 276 ADDISON RO WINDSOR, CT 0			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X) D LEONE, FREDER 3 GROUND PINE DIX HILLS, NY 1	COURT		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

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: FREDERICK LEONE D 02/04/2009