2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L65860

1. Entity Name
PLAYLOFTS, INC.

Principal Place of Business	Mailing Address
5200 NORTH US 1	148 BERKELEY ST.
MELBOURNE, FL 32940 US	SATELLITE BEACH, FL 32937 US

DO NOT WRITE IN THIS SPACE

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3004568		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOBSON, MARK
148 BERKELEY ST
SATELLITE BEACH, FL 32937

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DOBSON, MARK
STREET ADDRESS	148 BERKELEY ST
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	DVS
NAME	DOBSON, CATHY
STREET ADDRESS	148 BERKELEY ST
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000210244
02/02/05-80072-015 150.00

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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: _Mark Dobson_ MARK DOBSON   1-28-05   (321) 752-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #