

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90251 025 ***150.00

DOCUMENT # L79177 1. Entity Name SOUTHERN PARK AND PLAY SYSTEMS, INC.					
Principal Place of Business 761 S. APOLLO BLVD. MELBOURNE, FL 32901-1457 US			Mailing Address 761 S. APOLLO BLVD. MELBOURNE, FL 32901-1457 US		
2. Principal Place of Business - No P.O. Box # 694 Atlantis Road		3. Mailing Address 694 Atlantis Road			
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7			
City & State Melbourne, FL		City & State Melbourne, FL			
Zip 32904-2324		Country USA		4. FEI Number 59-3013776	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HASNER, DALE M 761 S. APOLLO BLVD. MELBOURNE, FL 32901-1457			7. Name and Address of New Registered Agent Name Dale M. Hasner Street Address (P.O. Box Number is Not Acceptable) 694 Atlantis Road Suite 7 City Melbourne FL Zip Code 32904-2324		
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 Dale M. Hasner, President <i>Dale M. Hasner</i> 1/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete HASNER, DALE M. 761 S APOLLO BLVD MELBOURNE, FL 329011457		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hasner, Dale M. 694 Atlantis Road, Suite 7 Melbourne, FL 32904-2324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete HASNER, SUSAN M. 761 S APOLLO BLVD. MELBOURNE, FL 329011457		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hasner, Susan M. 694 Atlantis Road, Suite 7 Melbourne, FL 32904-2324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Susan M. Hasner</i> Susan M. Hasner, VST <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/5/07 (321)729-9700 <small>Date Daytime Phone #</small>		