

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001906

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE INSTITUTE FOR PLAY, INC.

Current Principal Place of Business:

3000 MONTICELLO PLACE
NUMBER 306
ORLANDO, FL 32835

New Principal Place of Business:

46 WEST GARZAS ROAD
CARMEL VALLEY, CA 93924

Current Mailing Address:

3000 MONTICELLO PLACE
NUMBER 306
ORLANDO, FL 32835

New Mailing Address:

122 VIKI COURT
SCOTTS VALLEY, CA 95066

FEI Number: 30-0176665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'KANE, MATTHEW R
LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 N. EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, STUART
Address: 46 WEST GARZAS ROAD
City-St-Zip: CARMEL VALLEY, CA 93924

Title: D () Delete
Name: HUGGINS, JEFF
Address: 3000 MONTICELLO PLACE, NUMBER 306
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: GOODALL, JANE DR.
Address: PO BOX 14890
City-St-Zip: SILVER SPRINGS, MD 209114890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUGGINS, JEFF
Address: 122 VIKI COURT
City-St-Zip: SCOTTS VALLEY, CA 95066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFF HUGGINS

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date