

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005805

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: THE PUZZLE PLACE FOUNDATION, INC.

**Current Principal Place of Business:**

6200 SWANS TER  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6200 SWANS TER  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 30-0263832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TORRES, III, JUAN F  
423 DELAWARE AVE  
FT PIERCE, FL 34950      US

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

BLACKBURN, ELLEN B  
6200 SWANS TERRACE  
COCONUT CREEK, FL 33073      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: ELLEN B BLACKBURN      01/06/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DEMA, MARK  
Address: 6200 SWANS TER  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV      ( ) Delete  
Name: NEWMAN, DEBORAH  
Address: 6200 SWANS TER  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS      ( ) Delete  
Name: BLACKBURN, ELLEN  
Address: 6200 SWANS TER  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ELLEN B. BLACKBURN      DS      01/06/2005  
Electronic Signature of Signing Officer or Director      Date