2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2007
Secretary of State

DOCUMENT# N04000005805

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACKBURN, ELLEN B
6200 SWANS TERRACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

BLACKBURN, RICK
6601 LYONS ROAD, SUITE L-5
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: RICK BLACKBURN 10/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: DV ( ) Delete
Name: CAMPBELL, KRISTIN
Address: 10292 OASIS PALM DRIVE
City-St-Zip: TAMPA, FL 33615

Title: DS ( ) Delete
Name: BASS, SHEILA
Address: 7751 SOUTHAMPTON TERRACE #102
City-St-Zip: TAMARAC, FL 33321

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 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: ELLEN B BLACKBURN DP 10/07/2007
Electronic Signature of Signing Officer or Director Date