

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057804

FILED
Jul 14, 2006
Secretary of State

Entity Name: PARTIES AND BALLOONS BY YOURS TRULY INC.

Current Principal Place of Business:

348 N. EGLIN PKWY.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

348 N. EGLIN PKWY.
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3657932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMERLINCK, JOANNE E
348 N. EGLIN PKWY.
FT. WALTON BEACH, FL 32548 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

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMERLINCK, JOANNE E
Address: 1109 POST OAK PATH
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP () Delete
Name: SCHUTH, DENNIS E
Address: 1705 CHAPEL PIKE ROAD
City-St-Zip: MARION, IN 46952

Title: ST () Delete
Name: VONG, CINDY M
Address: 24304 S. BURR COURT
City-St-Zip: CHANNAHON, IL 60410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RENN, DANIEL R
Address: 1109 POST OAK PATH
City-St-Zip: FORT WALTON BEACH, FL 32547

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE E. HAMERLINCK

P

07/14/2006

Electronic Signature of Signing Officer or Director

Date