

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085354

FILED
Apr 30, 2006
Secretary of State

Entity Name: PUFF-N-STUFF AMUSEMENTS, INC.

Current Principal Place of Business:

4744 YOUNG RD.
CRESTVIEW, FL 32539

New Principal Place of Business:

105 WILLIAMS WAY
CRESTVIEW, FL 32536

Current Mailing Address:

4744 YOUNG RD.
CRESTVIEW, FL 32539

New Mailing Address:

105 WILLIAMS WAY
CRESTVIEW, FL 32536

FEI Number: 59-3668386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, KAREN
4744 YOUNG RD.
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

ARMSTRONG, KAREN
105 WILLIAMS WAY
CRESTVIEW, FL 32536 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: KAREN ARMSTRONG

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARMSTRONG, KAREN
Address: 4744 YOUNG RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: DS () Delete
Name: ARMSTRONG, RALPH
Address: 4744 YOUNG RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: DT () Delete
Name: ARMSTRONG, CODY
Address: 4744 YOUNG RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: DV () Delete
Name: ARMSTRONG, CARLY
Address: 4744 YOUNG RD.
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARMSTRONG, KAREN
Address: 105 WILLIAMS WAY
City-St-Zip: CRESTVIEW, FL 32536

Title: DS (X) Change () Addition
Name: ARMSTRONG, RALPH
Address: 105 WILLIAMS WAY
City-St-Zip: CRESTVIEW, FL 32536

Title: DT (X) Change () Addition
Name: ARMSTRONG, CODY
Address: 105 WILLIAMS WAY
City-St-Zip: CRESTVIEW, FL 32536

Title: DV (X) Change () Addition
Name: ARMSTRONG, CARLY
Address: 105 WILLIAMS WAY
City-St-Zip: CRESTVIEW, FL 32536

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: KAREN ARMSTRONG

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date