# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2007**
**Secretary of State**

DOCUMENT# P00000085354

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

**Current Principal Place of Business:**

105 WILLIAMS WAY
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

105 WILLIAMS WAY
CRESTVIEW, FL 32536

**New Mailing Address:**

**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
105 WILLIAMS WAY
CRESTVIEW, FL 32536 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

**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:

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: KAREN ARMSTRONG DP 04/24/2007

Electronic Signature of Signing Officer or Director — Date