

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000031346

FILED
Sep 05, 2006
Secretary of State

Entity Name: PLAYHOUSE INTERNATIONAL INC.

Current Principal Place of Business:

6715 POWER AVE., SUITE 6
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6715 POWER AVE., SUITE 6
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 03-0418108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, SHOMARA
325 WEST 26TH ST.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

AUSTIN, SHOMARA
6715 POWERS AVE SUITE 6
JACKSONVILLE, FL 32217 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: SHOMARA AUSTIN

09/05/2006

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: PD () Delete
Name: AUSTIN, SHOMARA
Address: 325 WEST 26TH ST.
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AUSTIN, SHOMARA
Address: 6715 POWERS AVE STE 6
City-St-Zip: JACKSONVILLE, FL 32217

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: SHOMARA AUSTIN

PRES

09/05/2006

Electronic Signature of Signing Officer or Director

Date