

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118344

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE PAPER PLAYHOUSE, INC.

Current Principal Place of Business:

5144 COMMERCIAL WAY
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

5144 COMMERCIAL WAY
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 11-3662686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRING, LYNDIA
5144 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

SMILEY, SHERRY
5144 COMMERCIAL WAY
SPRING HILL, FL 34606 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: SHERRY SMILEY

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SMILEY, SHERRY
Address: 11377 GENTER DR
City-St-Zip: SPRING HILL, FL 34609

Title: DVT (X) Delete
Name: WOODRING, LYNDIA
Address: 7112 RIVER RUN BLVD
City-St-Zip: WEEKI WACHEE, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: SHERRY SMILEY

DPS

04/25/2005

Electronic Signature of Signing Officer or Director

Date