## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P03000024654** 1. Entity Name **BOUNCE MASTERS, INC.** Mailing Address Principal Place of Business 1799 S. PARROTT AVE. #341 1799 S. PARROTT AVE. #341 OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 No Chg-P CR2E034 (11/05) 05012008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 13-4241098 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LYNN, TAMMY 1799 S. PARROTT AVE. #341 OKEECHOBEE FL 34974 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. H00000947408 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 06/02/08-80014-012 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LYNN, TAMMY STREET ADDRESS 1799 S. PARROTT AVE. #341 CRY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME RUSH, SHAWN STREET ADDRESS 1799 S. PARROTT AVE. #341 OKEECHOBEE, FL 34974 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICALATUDE.

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP