

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060623

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** BOUNCY TIMES, INC.

**Current Principal Place of Business:**

2029 ACADEMY CT  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2029 ACADEMY CT  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 56-2366320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGELADELIS, CHRISTINE  
2029 ACADEMY CT  
NEW PORT RICHEY, FL 34655 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: D  
Name: AGELADELIS, CHRISTINE  
Address: 2029 ACADEMY CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD  
Name: AGELADELIS, TERPANDROS  
Address: 2029 ACADEMY CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: T AGELADELIS

VP

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date