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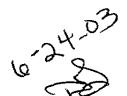
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(SAMPLE LETTER OF TRANSMITTAL)

DATE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:	ALL		INFLATABLES	. Inc.
	-	(Name o	of Corporation)	,

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

(Individual's Name)

ALL STAR INFLATABLES INC
(Name of Corporation)

MAILING ADDRESS OF CORPORATION —				
1335 Wood Row	WAY			
	•			
Wellington, FL	33414			
, , , , , , , , , , , , , , , , , , , ,	•			
PHONE —				
(Sb) 784-0740 Area Code Number	Б. А			
Area Code iyumber	Ext.			

ARTICI ES OF INCORPORATION

ARTICLES OF	INCORPORATION	FILED					
1	of	03 JUN 20 AM 8: 43					
ALL STAR INFLATABLE	S INC.	SECRETARY OF STATE					
(name o	of corporation)	TALLAHASSEE, FLORIDA					
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:							
The name of the corporation is:	CORPORATE NAME INFLATABLES	Tu					
MLC STAR	INFLATABLES	INC.					
ARTICLE This corporation shall exist perpetually unless dissolved	II - DURATION I according to Florida law.						
ARTICLE	III - PURPOSE						
The corporation is organized for the purpose of engagin United States and the State of Florida.	•	ess permitted under the laws of the					
The corporation is authorized to issueshare	IAL PRINCIPAL OFFICE						
STREET ADDRESS AUL DELLA PENNA							
1335 Wood ROW WAY							
CITY WELLINGTON	FLORIDA	ZIP 33414					
Mailing address, if different							
STREET ADDRESS							
		<u></u>					
CITY	FLORIDA	ZIP					
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is:							
NAME ALL STAR INFLATABLES							
ADDRESS 1335 Wood Row WAY	LNC. PE	ALL LELLA KENNA					
CITY Wellington	FLORIDA	ZIP 33414					

· · · · · · · · · · · · · · · · · · ·	L BOARD OF DIRECTORS	
		number of directors may be
either increased or diminished from time to time by the By-La addresses of the initial director(s) of the corporation are as foll		one (1). The names and
addresses of the initial director(s) of the corporation are as for		
NAME PAUL DELLA PENNA	<u> </u>	
ADDRESS 1335 Wood Row Way		
CITY Wellington	STATE FL	ZIP 33414
NAME JAMES LIANTONIO		
ADDRESS 11083 NARRAGANSETT	BAY COURT.	
CITY WELLINGTON	STATE FL	ZIP 33414
NAME		
ADDRESS	<u></u>	
CITY	STATE	ZIP
ARTICLE VIII -	INCORPORATORS	
The names and addresses of the incorporators signing these Ar	rticles of Incorporation are as fo	llows:
NAME PAUL DELLA PEWNA		
ADDRESS 1335 Wood ROW WAY		
CITY Wellington	STATE FL	ZIP 33414
NAME JAMES LIANTONIO		
	AY COURT	
CITY Wellington	STATE FL	ZIP 33414
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Art	icles of Incorporation this	174
day of JUNE	_3003 () \	7
		/ _
	Paul Dell L	(Signature)
ROBERT P. ROSEN	0 1-	
MY COMMISSION # DD 08241 EXPIRES: Servember 12 2004	for funtamo	(Signature)
ROPGET P. ROSEN P. Roseny Service & Bording, Inc.	/ /	(Signature)
The state of the s	 	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

03 JUN 20 AM 8: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALL STAR INFLATABLES INC.				
(name of corporation)				
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:				
The above corporation, organized under the laws of the State of Florida with its registered office				
as indicated in the Articles of Incorporation				
at 1335 Wood Row Way				
Wellington, FL 33414				
has named PAUL DOLLA PENNA				
located at the aforesaid address, as its registered agent to accept service of process within this				
state.				
·				
Having been named as registered agent and to accept service of process for the above stated				
corporation at the place designated in this certificate, I hereby accept the appointment as regis-				
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all				
statutes relating to the proper and complete performance of my duties, and I am familiar with				

and accept the obligations of my position as registered agent.

(Signature)

JUNE 18 2003