

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

*Amended
FILED*

05 NOV -7 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000123109					
1. Entity Name A-Z BOUNCE PARTIES, INC.					
Principal Place of Business 3378 ANDALUSIAN RUN LAKE WORTH, FL 33467			Mailing Address 3378 ANDALUSIAN RUN LAKE WORTH, FL 33467		
2. Principal Place of Business 100 Colony Drive Suite, Apt. #, etc. Royal Palm Beach City & State Florida Zip 33411		Country Palm Beach		3. Mailing Address 100 Colony Drive Suite, Apt. #, etc. Royal Palm Beach City & State Florida Zip 33411	
Country Palm Beach		Country Palm Beach		4. FEI Number .87-0713115	
Applied For		Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEROLA, JAMES R 11380 PROSPERITY FARMS RD SUITE 204 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Mary Ann Bonfonti Street Address (P.O. Box Number is Not Acceptable) 100 Colony Drive Royal Palm Beach Florida City FL Zip Code 33411		
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 <i>Mary Ann Bonfonti</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
. Amended AR is \$61.25		9. Election Campaign Financing . Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- PHILLIPS, MARK 3378 ANDALUSIAN WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner Mary Ann Bonfonti 100 Colony Drive Royal Palm Beach, Fla 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Officer PHILLIPS, MERRILL H 3378 ANDALUSIAN WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061221274 11/07/05--01063--016 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <i>Mary Ann Bonfonti</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11/2/05 Date		561-795-1639 Daytime Phone #