

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007213

Entity Name: PLACES N SPACES, INC.

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

2990 DREW STREET
APT. #434
CLEARWATER, FL 33759 US

New Principal Place of Business:

1221 COLLIN DRIVE
LEWISVILLE, TX 75077 US

Current Mailing Address:

P.O. BOX 131
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASSON, CHARLES P
8141 AQUILA STREET
UNIT 314
PORT RICHEY, FL 34668 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: DPT () Delete
Name: CASSON, GREGORY M
Address: 2990 DREW STREET APT. #434
City-St-Zip: CLEARWATER, FL 33759 US

Title: DVPS () Delete
Name: CASSON, EMILY A
Address: 2990 DREW STREET APT. #434
City-St-Zip: CLEARWATER, FL 33759 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CASSON, GREGORY M
Address: 1221 COLLIN DRIVE
City-St-Zip: LEWISVILLE, TX 75077 US

Title: DVPS (X) Change () Addition
Name: CASSON, EMILY A
Address: 1221 COLLIN DRIVE
City-St-Zip: LEWISVILLE, TX 75077 US

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: GREGORY M CASSON

DPT

04/08/2005

Electronic Signature of Signing Officer or Director

Date