

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000003938

1. Entity Name
NONNIE'S PLAYGROUND, INC.



Principal Place of Business
701 COUNTRYSHIRE LANE
PALM HARBOR, FL 34683 US

Mailing Address
701 COUNTRYSHIRE LANE
PALM HARBOR, FL 34683 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

20.5265369

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES BARROW PLLC
485 MARINER BLVD.
SPRING HILL, FL 34609

Name Margaret G Rieger

Street Address (P.O. Box Number is Not Acceptable)

701 Countryshire Lane

City Palm Harbor

FL

Zip Code 34683

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Required Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret G Rieger

5/24/07

Date

1277342445

Daytime Phone #