

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065903

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: SOS PARTY SOLUTIONS, INC.

## Current Principal Place of Business:

3545 PANDORA AVE  
BOYNTON BEACH, FL 33436 US

## New Principal Place of Business:

1918 FARM WAY  
MIDDLEBURG, FL 32068 US

## Current Mailing Address:

3545 PANDORA AVE  
BOYNTON BEACH, FL 33436 US

## New Mailing Address:

1918 FARM WAY  
MIDDLEBURG, FL 32068 US

FEI Number: 20-4854990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MACDONALD, SHARON  
3545 PANDORA AVE  
BOYNTON BEACH, FL 33436 US

## Name and Address of New Registered Agent:

MANRIQUE, SHEILA  
1918 FARM WAY  
MIDDLEBURG, FL 32068 US

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: SHEILA MANRIQUE

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACDONALD, SCOTT J  
Address: 4 CHANDLER ST  
City-St-Zip: BRADFORD, MA 01835 US

Title: VP ( ) Delete  
Name: MACDONALD, SHARON  
Address: 3545 PANDORA AVE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TREA ( ) Delete  
Name: MACDONALD, SHARON  
Address: 3545 PANDORA AVE  
City-St-Zip: BOYNTON BEACH, FL 33436 FL

Title: SEC ( ) Delete  
Name: MACDONALD, SCOTT J  
Address: 4 CHANDLER ST  
City-St-Zip: BRADFORD, MA 01835 US

Title: D ( ) Delete  
Name: MACDONALD, SHARON M  
Address: 3545 PANDORA AVE  
City-St-Zip: BOYNTON BEACH, FL 33436 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MACDONALD, SHARON  
Address: 4 CHANDLER ST  
City-St-Zip: BRADFORD, MA 01835 US

Title: TREA (X) Change ( ) Addition  
Name: MACDONALD, SHARON  
Address: 4 CHANDLER ST  
City-St-Zip: BRADFORD, MA 01835 FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MACDONALD, SHARON M  
Address: 4 CHANDLER ST  
City-St-Zip: BRADFORD, MA 01835 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHARON MACDONALD

VP

03/21/2007

Electronic Signature of Signing Officer or Director

Date