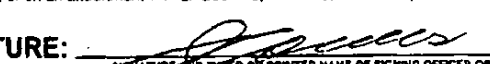


FILED  
May 18, 2007 8:00 am  
Secretary of State

04-26-2007 90178 038 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

4/21

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                              |                                                                   |                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000131847</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                              |                                                                   |                                                                                                                       |  |
| 1. Entity Name<br><b>PLAYGROUND USA CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                                                              |                                                                   |                                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>7680 NW 63RD ST<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                                              | Mailing Address<br><b>7680 NW 63RD ST<br/>MIAMI, FL 33166</b>     |                                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                              | 3. Mailing Address                                                |                                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                                                                              | Suite, Apt. #, etc.                                               |                                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                                                                                              | City & State                                                      |                                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                       | Zip                                                                                                          | Country                                                           | 4. FEI Number<br><b>20-5767029</b>                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                              |                                                                   | Applied For<br>Not Applicable                                                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                                                              |                                                                   | 04182007 Chg-P CR2E034 (12/06)                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>CASTILLO, MARTINA<br/>7680 NW 63RD ST<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                                                                              |                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>Martina Castillo</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>205 NW 119th</b><br>City <b>Miami</b> FL Zip Code <b>33182</b> |  |
| 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  (NOTE: Registered Agent signature required when renewing) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                                                                                              |                                                                   |                                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>CASTILLO, MARTINA<br>7680 NW 63RD ST<br>MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  4/24/07 (305) 471-7776                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |                                                                                                              |                                                                   |                                                                                                                                                                                                        |  |

## ATTACHMENT

Fun Kids Playgrounds Corp.  
7680 N.W. 63 St.  
Miami, FL 33166

66015528  
#P06000131847

DATE 1/24/07

PAY TO THE ORDER OF FACED. DEPARTMENT OF STATE \$ 1  
ONE HUNDRED FIFTY 800/100 DOLL.

REGIONS BANK

FOR Doc # P06000131847

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047207 06022017  
0602-0019-9  
0602-2092 TRC-7278 PK-02

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