

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000151940

FILED
Jul 27, 2009
Secretary of State**Entity Name:** BOUNCING BACK INC.**Current Principal Place of Business:**1928 MCKINNLEY STREET
UNIT 3
HOLLYWOOD, FL 33020**New Principal Place of Business:****Current Mailing Address:**1928 MCKINNLEY STREET
UNIT 3
HOLLYWOOD, FL 33020**New Mailing Address:**131 SW 63 AVE
PLANATION, FL 33317**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: PRESSLEY, WALTER
Address: 1928 MCKINNLEY STREET, UNIT 3
City-St-Zip: HOLLYWOOD, FL 33020**Title:** V () Delete
Name: WAXMAN, DAVID
Address: 1928 MCKINNLEY STREET, UNIT 3
City-St-Zip: HOLLYWOOD, FL 33020**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MM (X) Change () Addition
Name: SCRIVEN, RJ
Address: 2722 NW 7 CT.
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify 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: WALTER PRESSLEY

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07/27/2009

Electronic Signature of Signing Officer or Director_____
Date