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Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90384 005 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000113922

1. Entity Name
DAVID PARTY RENTALS & SUPPLIES, INC.

Principal Place of Business	Mailing Address
8782 S.W. 213 TERRACE CUTLER BAY, FL 33189	8782 S.W. 213 TERRACE CUTLER BAY, FL 33189

01172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19301 S.W. 106 AVE	19301 S.W. 106 AVE.
Suite, Apt. #, etc: SUITE 11	Suite, Apt. #, etc: SUITE 11
City & State: CUTLER BAY FL.	City & State: CUTLER BAY FL.
Zip: 33157 Country: USA	Zip: 33157 Country: USA

4. FEI Number 261243607 ☐ 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
DAVID, NELLY R 8782 S.W. 213 TERRACE CUTLER BAY, FL 33189	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVID, NELLY R 8782 S.W. 213 TERRACE CUTLER BAY, FL 33189 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVID, MARTHA L 8782 S.W. 213 TERRACE CUTLER BAY, FL 33189 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. NELLY DAVID 8782 S.W. 213 TERRACE CUTLER BAY, FL. 33189 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Nelly R David 04/24/08 305-256-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #