2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072899

Entity Name: FAMILY AFFAIR BOUNCERS AND WATERSLIDES, INC.

FILED Jun 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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333 LAURINA ST #206 7925 MERRILL RD JACKSONVILLE, FL 32216

2706

JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

7925 MERRILL RD 333 LAURINA ST #206

JACKSONVILLE, FL 32216 2706

JACKSONVILLE, FL 32277

FEI Number: 80-0236431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOUGLAS, EVERETT DOUGLAS, EVERETT 333 LAURINA ST #206 7925 MERŔILL RD

JACKSONVILLE, FL 32216 US 2706 JACKSONVILLE, FL 32277 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: EVERETT DOUGLAS 06/30/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P () Delete Title: (X) Change () Addition

DOUGLAS, EVERETT DOUGLAS, EVERETT Name: Name: 333 LAURINA ST #206 7925 MERRILL RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32277

Title: D/T (X) Delete Title: () Change () Addition

Name: KNIGHT, TIFFANI Name: 333 LAURINA ST #206 Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

JENKINS, PRISCILLA Name: Name: 333 LAURINA ST #206 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

JENKINS, KAMILLA Name: Name: Address: 333 LAURINA ST #206 Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

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: EVERETT DOUGLAS OD 06/30/2009