

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093365

Entity Name: PLAYFUL THERAPY, INC.

FILED  
Feb 17, 2012  
Secretary of State

## Current Principal Place of Business:

1885 SHORE DRIVE SOUTH  
#502  
SOUTH PASADENA, FL 33707 US

## Current Mailing Address:

1885 SHORE DRIVE SOUTH  
#502  
SOUTH PASADENA, FL 33707 US

FEI Number: 45-3678694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACKWELL, WORTH T ESQ.  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 US

## New Principal Place of Business:

259 4TH AVENUE NORTH  
2ND FLOOR  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

259 4TH AVENUE NORTH  
2ND FLOOR  
ST. PETERSBURG, FL 33701 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: PSTD  
Name: SCHWEITZER, LISA  
Address: 1885 SHORE DRIVE SOUTH, #502  
City-St-Zip: SOUTH PASADENA, FL 33707 US

I hereby 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 all other like empowered.

SIGNATURE: LISA SCHWEITZER

P

02/17/2012

Electronic Signature of Signing Officer or Director

Date