

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048492

FILED
Apr 27, 2006
Secretary of State

Entity Name: PARTY CITY OF ALTAMONTE SPRINGS, INC.

Current Principal Place of Business:

1140 E ALTAMONTE DR
SUITE 1003
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1140 E ALTAMONTE DR
SUITE 1003
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

4072 BERMUDA GROVE PLACE
LONGWOOD, FL 32779

FEI Number: 59-3193624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENOLA, ALLAN M
4072 BERMUDA GROVE PLACE
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DENOLA, ALLAN
Address: 4072 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: DENOLA, KATHLEEN M
Address: 4072 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLAN M DENOLA

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date