2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# P97000060119

Entity Name: DR. PLAYGROUND, INC.

Current Principal Place of Business:

2851 POLK ST.
HOLLYWOOD, FL 330204228 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 840609
PEMBROKE PINES, FL 330840609 US

New Mailing Address:

FEI Number: 65-0768355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KROHN, I. MICHAEL III
PO BOX 840609
PEMBROKE PINES, FL 330840609 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: PD ( ) Delete
Name: KROHN, GLENEDA
Address: 2851 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD ( ) Delete
Name: KROHN, MARLEE
Address: 504 SOUTH 2ND STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: KROHN, MIKE
Address: 2851 POLK ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD ( ) Delete
Name: KROHN, TODD
Address: 504 S SECOND ST
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GLENEDA KROHN PD 03/13/2006

Electronic Signature of Signing Officer or Director — Date