


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90035 038 \*\*\*163.75

<b>DOCUMENT # P98000104348</b>	
1. Entity Name <b>PRIVATE PLAYMATES ESCORT REFERRALS, INC.</b>	

Principal Place of Business <b>7729 ULMERTON RD., UNIT 7 LARGO FL 33771</b>	Mailing Address <b>7729 ULMERTON RD., UNIT 7 LARGO FL 33771</b>
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2. Principal Place of Business <b>600 Bypass Dr. Suite, Apt. #, etc. Suite 211 City &amp; State Clearwater, FL Zip 33764 Country USA</b>	3. Mailing Address <b>600 Bypass Dr. Suite, Apt. #, etc. Suite 211 City &amp; State Clearwater, FL Zip 33764 Country USA</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3547102</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRAY, COLLEEN 1873 ELAINE DR. CLEARWATER FL 33760</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Colleen Gray Colleen Gray 3/1/06  
Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>GRAY, COLLEEN</b> <b>1873 ELAINE DR.</b> <b>CLEARWATER FL 33760</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FLYNN, JOSEPH</b> <b>1873 ELAINE DR.</b> <b>CLEARWATER FL 33760</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Colleen Gray Colleen Gray 3/1/06 727-946-0842  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #