2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P99000057133

Entity Name: PARTY CITY OF COUNTRYSIDE, INC.

Current Principal Place of Business:

26252 US HWY 19 NORTH
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

26252 US HWY 19 NORTH
CLEARWATER, FL 33761

New Mailing Address:

P. O. BOX 474003
CHARLOTTE, NC 282474003

FEI Number: 59-3583908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRINGTON, WILLIAM J
26252 US HWY 19 NORTH
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

HARRINGTON, WILLIAM J
2210 BAYOU DRIVE
HOLIDAY, FL 34691 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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HARRINGTON, WILLIAM J
Address: 26252 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

Title: DST ( ) Delete
Name: HARRINGTON, SALLY A
Address: 26252 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

Title: VPD ( ) Delete
Name: KENNETH, MARTIN R
Address: 26252 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

Title: VPD ( ) Delete
Name: MARTIN, ROSEMARY H
Address: 26252 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: HARRINGTON, ROSE M
Address: 26252 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

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:

Title: ( ) Change ( ) Addition
Name:
Address:
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: SALLY A. HARRINGTON DST 03/25/2009
Electronic Signature of Signing Officer or Director — Date