

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52938

FILED
Apr 29, 2007
Secretary of State

Entity Name: PLAY/SPACE SERVICES, INC.

Current Principal Place of Business:

109 E. 17TH ST.
ST CLOUD, FL 34769 US

New Principal Place of Business:

3125 SKYWAY CIRCLE
MELBOURNE, FL 32934 US

Current Mailing Address:

PO BOX 450606
KISSIMMEE, FL 34745 US

New Mailing Address:

3125 SKYWAY CIRCLE
MELBOURNE, FL 32934 US

FEI Number: 59-3136444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTONACCI, DAVID JOSEPH
210 DOGWOOD AVE
MELBOURNE BEACH, FL 32951 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: DP () Delete
Name: ANTONACCI, DAVID JOS, EPH
Address: 210 DOGWOOD AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP () Delete
Name: GONZALEZ, LAZARO
Address: 440 SEVENTH AVENUE
City-St-Zip: INDIATLANTIC, FL 32937

Title: T () Delete
Name: KEY, COLLEEN
Address: 3083 FOREST CREEK DRIVE
City-St-Zip: MELBOURNE, FL 32901

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:

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: COLLEEN KEY

T

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date