

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52938

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: PLAY/SPACE SERVICES, INC.

**Current Principal Place of Business:**

3125 SKYWAY CIRCLE  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

3125 SKYWAY CIRCLE  
MELBOURNE, FL 32934 US

**New Mailing Address:**

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 C. KEY

T

03/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date