

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V52938

**FILED**  
**Mar 03, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ANTONACCI, DAVID JOSEPH  
Address: 210 DOGWOOD AVE.  
City-St-Zip: MELBOURNE BEACH, FL 32951

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID ANTONACCI

DP

03/03/2011

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

\_\_\_\_\_  
Date