2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AR	}	Feb 27, 2006 08:00 AM
DOCU 1. Entity Name	MENT # V55169			Secretary of State
COUNTER	R PLAY INC.			
Principal Plac	e of Business	Mailing Address		7
825 GATEP	ARK DRIVE	825 GATEPARK DRIVE	<u>:</u>	
DAYTONA I	BEACH FL	UNIT 4 DAYTONA BEACH FL		
2. Principal Place of Business		3. Mailing Address		L HERDI MATERA SYNET STORE STORE STORE STORE STORE STORE STORES STORES
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & Stat	e	City & State		4. FEI Number 59-3136212 Applied F Not Applie
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
	8. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
MURRELL, JEFFREY A 825 GATEPARK DRIVE UNIT 4 DAYTONA BEACH FL 32114		Street Address	(P.O. Box Number is Not Acceptable)	
DAY	TONA BEACH FL 32114		City	Zip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and ac
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable (NOTE	E. Registered Agent signature require	ed when reinstating] DATE
		- Herris and - I		
After	May t, 2006 Fee Will Be \$550. k Payable to Florida Department			9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ & HのGのGのA 4 やつつも
NAME STREET ADDRESS	MURRELL, JEFFREY A. 825 GATEPARK DR #4		NAME STREET ADERESS	U00000448235 03/89/66-80007-002-150.00
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP	Control of the second of the s
TITLE	VD	☐ Delete	DILE	☐ Change ☐ A
NAME	MURRELL, SUSAN D.		MAME	
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NAME	}	, 54,66	NAME	
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Name Street Address	}		NAME STREET ADDRESS	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Ffords 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 diese 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 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

PRES JEFF AMURREU 2/11/06/38675553231