

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90021 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                                                              |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # V55169</b><br>1. Entity Name<br><b>COUNTER PLAY INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                 |                                                                              |                                                                                                                                                              |  |
| Principal Place of Business<br><b>825 GATEPARK DRIVE<br/>UNIT 4<br/>DAYTONA BEACH FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                 | Mailing Address<br><b>825 GATEPARK DRIVE<br/>UNIT 4<br/>DAYTONA BEACH FL</b> |                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | 3. Mailing Address              |                                                                              |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | Suite, Apt. #, etc.             |                                                                              |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | City & State                    |                                                                              | 4. FEI Number <b>59-3136212</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                              | Zip                             | Country                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MURRELL, JEFFREY A<br/>825 GATEPARK DRIVE<br/>UNIT 4<br/>DAYTONA BEACH FL 32114</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                                              | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                                              |                                                                                                                                                              |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and date of filing (if GRE Registered Agent signature form required when non-coloring)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                                              |                                                                                                                                                              |  |
| <b>FILE NOW!!! - FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                 |                                                                              | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PTD<br>MURRELL, JEFFREY A.<br>825 GATEPARK DR #4<br>DAYTONA BEACH FL | <input type="checkbox"/> Delete |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD<br>MURRELL, SUSAN D.<br>825 GATEPARK DR #4<br>DAYTONA BEACH FL    | <input type="checkbox"/> Delete |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                      |                                 |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                      |                                 |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                      |                                 |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                      |                                 |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                      |                                 |                                                                              |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                      |                                 |                                                                              |                                                                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                      |                                 |                                                                              |                                                                                                                                                              |  |
| <b>SIGNATURE:</b> <b>JEFF A MURRELL</b> <b>4/25/08</b> <b>3862553232</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                                                              |                                                                                                                                                              |  |