

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024654

Entity Name: BOUNCE MASTERS, INC.

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

1799 S. PARROTT AVE. #341  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

1799 S. PARROTT AVE. #341  
OKEECHOBEE, FL 34974

**New Mailing Address:**

FEI Number: 13-4241098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNN, TAMMY  
1799 S. PARROTT AVE. #341  
OKEECHOBEE, FL 34974 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: P ( ) Delete  
Name: LYNN, TAMMY  
Address: 1799 S. PARROTT AVE. #341  
City-St-Zip: OKEECHOBEE, FL 34974

Title: V ( ) Delete  
Name: RUSH, SHAWN  
Address: 1799 S. PARROTT AVE. #341  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: TAMMY LYNN

P

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date