


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000094041
 1. Entity Name
 ARCADIA FUN CENTER, INCORPORATED



Principal Place of Business Mailing Address
 5008 DALE MABRY HWY 5008 DALE MABRY HWY
 TAMPA, FL 33611 TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1142260 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRINAGA, R MICHAEL
 5025 E FOWLER AVE STE 14
 TAMPA, FL 33617

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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 _____ (NOTE: Reg stored Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000286636
 04/04/05-80035-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TORREALDAY, JAVIER R
STREET ADDRESS	5008 DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	HERRITT, JAMES R I
STREET ADDRESS	5008 DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	HERRITT, JAMES R II
STREET ADDRESS	5008 DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: J. Torrealday JAVIER TORREALDAY 03/29/05 (913) 835-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #