

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000036386
1. Entity Name
A Ton of Fun Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13428 87th Street, North Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33412	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1661908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Richard M. Raymond	
Street Address (P.O. Box Number is Not Acceptable) 13428 87th Street North	
City West Palm Beach	FL
Zip Code 33412	


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 _____ DATE 4/15/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard M. Raymond 13428 87th Street North West Palm Beach, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000142466 767-367-94-90052-013 150.00
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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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  President 4/15/2004 (561) 436-4591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #