

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039064

Entity Name: PAM'S FUNSATONS, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

82 AMERICAN WAY
FROSTPROOF, FL 33843 US

Current Mailing Address:

PO BOX 1264
FROSTPROOF, FL 33843 US

New Principal Place of Business:

82 AMERICAN WAY
#A
FROSTPROOF, FL 33843 US

New Mailing Address:

PO BOX 1264
#A
FROSTPROOF, FL 33843 US

FEI Number: 65-1155374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTER, PAMELA M
82 AMERICAN WAY
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

SUTTER, PAMELA M
82 AMERICAN WAY
#A
FROSTPROOF, FL 33843 US

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: PAMELA M SUTTER

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUTTER, PAMELA M
Address: 82 AMERICAN WAY
City-St-Zip: FROSTPROOF, FL 33843 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUTTER, PAMELA M
Address: 82 AMERICAN WAY, #A
City-St-Zip: FROSTPROOF, FL 33843 US

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA M SUTTER

PR

04/30/2007

Electronic Signature of Signing Officer or Director

Date