

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043062

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: FANTASYWORLD MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

## Current Mailing Address:

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746

## New Mailing Address:

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746 US

FEI Number: 59-2063633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLINS, KEN  
5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746 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: PD ( ) Delete  
Name: WEINLAND, JEFF  
Address: 7320 FAIRINGTON COURT  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: SLADKEY, JOHN  
Address: 12812 LINDEN  
City-St-Zip: LEAWOOD, KS 66209

Title: STD ( ) Delete  
Name: EJUWA, JONATHAN  
Address: 4702 STRATFORD LANE  
City-St-Zip: EAGAN, MN 55125

Title: D ( ) Delete  
Name: WASHINGTON, ARTHUR  
Address: 456 MEADOW RIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FURLONG, RICHARD  
Address: 677 UNION STREET  
City-St-Zip: ROCKLAND, MA 02370

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JEFF WEINLAND

PD

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date