

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008805

**Entity Name:** FUN LANGUAGES, INC.**Current Principal Place of Business:**2616 NW 37TH TERRACE  
GAINESVILLE, FL 32605**Current Mailing Address:**2616 NW 37TH TERRACE  
GAINESVILLE, FL 32605**FEI Number:** 27-0924885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VISTELLE, KAYDIE E  
2616 NW 37TH TERRACE  
GAINESVILLE, FL 32605 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | DP                   |
| Name            | VISTELLE, KAYDIE E   |
| Address         | 2616 NW 37TH TERRACE |
| City-State-Zip: | GAINESVILLE FL 32605 |

|                 |                                |
|-----------------|--------------------------------|
| Title           | D                              |
| Name            | SALAZAR, MONICA                |
| Address         | 3640 YACHT CLUB DRIVE APT. 902 |
| City-State-Zip: | AVENTURA FL 33180              |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | SAVONA, REBECA       |
| Address         | 18870 NE 49TH STREET |
| City-State-Zip: | WILLISTON FL 32696   |

|                 |                             |
|-----------------|-----------------------------|
| Title           | D/C                         |
| Name            | SOCORRO DE ARRAIZ, MARISELA |
| Address         | 10205 NW 25TH PLACE         |
| City-State-Zip: | GAINESVILLE FL 32606        |

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAYDIE VISTELLE**PRESIDENT****01/11/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date