2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90447 015 ***150.00

DOCUMENT # 219950

1. Entity Name
FOUNTAIN HOUSE INC

Principal Place of Business	Mailing Address
1877 S OCEAN BLVD DELRAY BEACH, FL 33483-9697	551 S.E. 8TH STREET SUITE 500 DELRAY BEACH, FL 33483-5008 US

03292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0944632 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, HERMAN E 551 SE 8TH STREET SUITE 500 DELRAY BEACH, FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICKMEIER, JOHN	NAME	
STREET ADDRESS	1877 SOUTH OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HADLEY, ROBERT	NAME	
STREET ADDRESS	1877 SOUTH OCEAN BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOODREDS, JACK	NAME	
STREET ADDRESS	1877 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARK, HERMAN E	NAME	
STREET ADDRESS	551 SE 8TH STREET STE 500	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KUNKEL, SANFORD S	NAME	
STREET ADDRESS	1877 SOUTH OVEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KUNKEL, WILLIAM IV	NAME	
STREET ADDRESS	1877 SOUTH OVEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert G Hadley 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT G. HADLEY