2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # K21213** 1. Entity Name 02-20-2007 90050 007 ***158.75 FUN WEAR, INC. Principal Place of Business Mailing Address 8115 S. JOHN YOUNG PKWY **8011 GILLETTE COURT** 40061216 ORLANDO, FL 32836-5312 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2883762 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAIYA, PRATAP M. Street Address (P.O. Box Number is Not Acceptable) **8011 GILLETTE COURT** ORLANDO, FL 32819 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition D ☐ Delete TITLE Change TITLE DAIYA, PRATAP M. NAME NAME STREET ADDRESS STREET ADDRESS **8011 GILLETTE COURT** Gilletta Ct 328365312 CITY-ST-ZIP ORLANDO, FL 328365312 CITY-ST-ZIP ☐ Addition Change ☐ Delete TATLE TITLE NAME DAIYA, JYOTI P. NAME DAYA JYOTI 8011 GILLETTE COURT STREET ADDRESS 8011 Gillette STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328365312 CITY-ST-ZIP 328365312 ☐ Change ☐ Addition ☐ Delete TITLE DAIYA PRATIK NAME Boll Gillette STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32836-5312 ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.

FILED

Feb 20, 2007 8:00 am