2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000045896

Entity Name: FUNGAMES LLC

Current Principal Place of Business:

490 EAGLE RIDGE DR
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

BOX 3496
LAKE WALES, FL 33859 US

New Mailing Address:

FEI Number: 51-0547373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEDDON, WILL
490 EAGLE RIDGE DR
LAKE WALES, FL 33853 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

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: HEDDON, WILL
Address: 950 EAGLE RIDGE DR
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILL HEDDON PRES 04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date