2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # M71597

1. Entity Name FUN LINE, INC.



Principal Place of Business

2715 N. NARCOOSSEE ROAD ST. CLOUD, FL 34771

Mailing Address

2715 N. NARCOOSSEE ROAD ST. CLOUD, FL 34771

FILED Feb 23, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2881179

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHURCH, LARRY 2715 N. NARCOOSSEE ROAD ST. CLOUD, FL 34771

DO NOT WRITE IN THIS SPACE

		}				
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered offic	9 Of 11	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	ιρt _.
SIGNATURE.	Signature, typed or printed name of registered agent and lifte	(I applicable - '(NOTÉ: Registered Agent si	lgnaturs	required when reinstating)	QATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000443815 03/06/06-80027-005 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHURCH, MARY J 2715 N. NARCOOSSEE ROAD ST. CLOUD, FL 34771				-	
ntle Name Street address City-st-zip	ST CHURCH, LARRY 2715 N. NARCOOSSEE ROAD ST. CLOUD, FL. 34771				•	
tile Name Sibefi address City-St-Zip Tile					NOT WRITE THIS SPACE	
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12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OIL

2/10/06 407 460 0004