

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008469

FILED
Jul 26, 2007
Secretary of State

Entity Name: FUN GENERATION MAS CAMP CULTURAL CENTER, INC.

Current Principal Place of Business:

636 WEST EVANSTON CIRCLE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

636 W. EVANSTON CIRCLE
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

IRISH, ANTONY
636 W. EVANSTON CIRCLE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

IRISH, ANTHONY
636 W. EVANSTON CIRCLE
FT. LAUDERDALE, FL 33312 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: ANTHONY IRISH

07/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRISH, ANTHONY
Address: 636 WEST EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD () Delete
Name: IRISH, SANDRA
Address: 636 W. EVANSTON CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: TD () Delete
Name: CUMBERBATCH, ANNABELLE
Address: 4411 NW 45 STREET
City-St-Zip: TAMARAC, FL 33319

Title: SD () Delete
Name: GIBBONS, SUE
Address: 2915 NW 60TH AVENUE, APT 305
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: IRISH, SANDRA
Address: 636 W. EVANSTON CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP (X) Change () Addition
Name: LAWRENCE, MERYL
Address: 2755 NW 75 AVENUE
City-St-Zip: SUNRISE, FL 33314

Title: S (X) Change () Addition
Name: EVELYN, SIMONE
Address: 3910 NW 176 STREET
City-St-Zip: OPA LOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY IRISH

P

07/26/2007

Electronic Signature of Signing Officer or Director

Date