## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # N05000001332 1. Entity Name
THE RIG FLIN FOLINDATION INC.

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## **FILED** May 19, 2006 8:00 am Secretary of State

05-19-2006 90026 020 \*\*\*\*61.25

THE BIG	FUN FOUNDATION INC.						
Principal Place of Business 3375 PICADILLY LN JACKSONVILLE, FL 32257		Mailing Address 3375 PICADILLY LN JACKSONVILLE, FL 322	57	=	TOUUUNUX		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0515200	06 Chg-NP	CR2E037 (4/0	06)
City & State		City & State		4. FEI Nu	mber 36-11298	51	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certific	ate of Status Desired		Additional
	6. Name and Address of Current	t Registered Agent		7. Name	and Address of New		
NRAI SER	RVICES, INC.		Name				
526 E PK	AVE		Street A	ddress (P.O. Box Nu	mber is Not Acceptab	le)	
TALLAHA	SSEE, FL 32301						
			City			FL Zip	Code
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office o	r registered agent, or	both, in the State of F	I	with, and accept
the obligat	tions of registered agent.						
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE;	Registered Agent signat	ure required when reinstating	)	DATE	
JOHATORE	Signature, typed or printed name of registered agen	<u> </u>		ure required when reinstating		DATE	ale to
		st and title if applicable. (NOTE:  9. Election Cam  Trust Fund Co	paign Financing	\$5.00 Ma Added to Fo	ay Be	DATE . Make check payab	
	Signature, typed or printed name of registered agen Filling Fee Is \$61.25 ue by September 6, 2006 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing	\$5.00 Ma	ay Be	Make check payab orlda Department o	of State
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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR