2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010592

1. Entity Name
ILE ASHO FUNFUN, INC.

FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10992 SW REGIMENT LOOP TALLAHASSEE, FL 32305	10992 SW REGIMENT LOOP TALLAHASSEE, FL 32305

07132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
04-3835737

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, AUSTIN
2013 BROAD ST.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWMAN, BILL
STREET ADDRESS	10992 SW REGIMENT LOOP
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	D
NAME	JACKSON-LOWMAN, HUBERTA
STREET ADDRESS	10992 SW REGIMENT LOOP
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	D
NAME	STUBBS, PENELOPE
STREET ADDRESS	431 CLASSON AVE.
CITY-ST-ZIP	BROOKLYN, NY 11238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/16/08-80002-005 61.25

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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: Huberta Jackson-Lowman 7-13-08 (850) 421-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Huberta Jackson-Lowman