2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007918

Entity Name: FUN SWIM INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1103 W CENTRAL BV ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** POBOX 531015 ORLANDO, FL 32853 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOSHINO, MI 1103 W CÉNTRAL BV ORLANDO, FL 32805 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KRANNEBITTER, JERRY Name: Name: 5420 GENOA LN Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOLFING, CHRIS Name: Address: 11226 SCENIC VIEW LN Address: City-St-Zip: ORLANNDO, FL 32821 City-St-Zip: Title: () Delete Title: () Change () Addition ISHIKAWA, YUKO Name: Name: Address: 1103 W CENTRAL BV Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: HAWKINS, KIM Name: 1103 W CENTRAL BV Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: () Delete Title: () Change () Addition HAY, VICKY Name: Name: 5771 PERIGRINE AV Address: Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HOSHINO, MI Name: Name: Address: 1103 W CENTRAL BV Address: ORLANDO, FL 32805 City-St-Zip: City-St-Zip:

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: MI HOSHINO VP 04/30/2009