2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State
08-14-2006 90039 050 ****61.25

DOCUMENT # N17645

1. Entity Name
FUN WORLD CLOWN ALLEY, INC.

Principal Place of Business	Mailing Address
REFORMATION LUTHERAN CHURCH 800 MICHIGAN AVENUE ORLANDO, FL 32806	8708 BLACK CREEK BLVD D ORLANDO, FL 32829

07172006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 547952 Suite, Apt. #, etc.
City & State	City & State Orlando, FL
Zip / Country	Zip 32854-7952 / Country USA

4. FEI Number 59-2764173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAINE, HENRY 8708 CREEK BLVD ORLANDO, FL 32829	Name Kimberly J. Rhoades Street Address (P.O. Box Number is Not Acceptable) 3612 Tarpon DR City Orlando FL Zip Code 32810

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 Kimberly J. Rhoades 7/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAIZOR, DAVID 2548 TRYON PLACE WINDERMERE, FL 34786	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Devins, Patrick 909 Monroe CT Apopka, FL 32703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALES, MARY KAY 2308 HAYWOOD COURT #100 MAITLAND, FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Giorio, Gino 32 Lago Mesa Way Kissimmee, FL 34743	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICCIO, AUDREY 122 FAULKER ST WINTER GARDEN, FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hill, Donna 1501 Sparrow St Longwood, FL 32750	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLAINE, HENRY 8768 BLACK CREEK BLVD ORLANDO, FL 32829	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rhoades, Kimberly 3612 Tarpon DR Orlando, FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kimberly J. Rhoades 8/18/06 (321) 276-5248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #