

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000810

Entity Name: FUN GENERATION, INC.

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

636 WEST EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

636 WEST EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0734026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IRISH, ANTHONY G  
636 WEST EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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:**

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

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

Title: P ( ) Delete  
Name: BENOIT, HAROLD  
Address: 6597 RACQUET CLUB DR  
City-St-Zip: LAUDERHILL, FL 33319

Title: S (X) Delete  
Name: TELESFORD, LIAT  
Address: PO BOX 770573  
City-St-Zip: CORAL SPRINGS, FL 33077

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: IRISH, ANTHONY  
Address: 636 WEST EVANSTON CIRCLE  
City-St-Zip: FORT LAUDERDALE, FL 33312

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

Title: S (X) Change ( ) Addition  
Name: COTTOY, FAYE  
Address: 1237 NW 119 STREET  
City-St-Zip: MIAMI, FL 33167

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA IRISH

T

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date