2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# N97000000810

Entity Name: FUN GENERATION, INC.

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: TS ( ) Delete
Name: EVELYN, SIMONE
Address: 3910 NW 176 STREET
City-St-Zip: OPA LOCKA, FL 33055

Title: VP ( ) Delete
Name: LAWRENCE, MERYL
Address: 2755 NW 75 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change ( ) Addition
Name: EVELYN, SIMONE
Address: 3910 NW 176 STREET
City-St-Zip: OPA LOCKA, FL 33055

Title: T (X) Change ( ) Addition
Name: LAWRENCE, MERYL
Address: 2755 NW 75 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33313

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: ANTHONY IRISH P 08/11/2008
Electronic Signature of Signing Officer or Director — Date