2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P00000052308

Entity Name: FANTASYLAND ADULT CENTER OF FLORIDA INC.

Current Principal Place of Business:

4715 N LOIS AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

126 CLARENCE POWERS ROAD
ROCKHOLDS, KY 40759 US

New Mailing Address:

FEI Number: 59-3652683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIM MARKS CPA
2136 NE 123RD STREET
NORTH MIAMI, FL 33181 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: PD
Name: BUTTERY, BRENDA
Address: 4715 NORTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: VPSD
Name: BUTTERY, TONI
Address: 4715 NORTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33614

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRENDA BUTTERY PD 04/21/2011

Electronic Signature of Signing Officer or Director Date