2006 FOR PROFIT CORPORATION ANNUAL REPORT			FILED Apr 28, 2006 8:00 am
DOCUMENT # P01000072137 1. Entity Name FUN WASH II, INC.			Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90171 042 ***150.00
Principal Place of Business 4800 BENCHMARK CT. SARASOTA, FL 34238	Mailing Address 4800 BENCHMARK CT. SARASOTA, FL 34238		
2. Principal Place of Business 1501 Bern Creek Low P Suite, Apt. #, etc.	3. Mailing Address 1501 Bern Cr Suite, Apt. #, etc.	eek Loop	04202006 Chg-P CR2E034 (11/05)
City & State Sarasota FL		FL	4. FEI Number         Applied For           65-1044214         Not Applicable
Zip Country 34240 45	34240	<u>u</u> S	5. Certificate of Status Desired  \$8.75 Additional Fee Required
<ol> <li>6. Name and Address of Curr NYE, BRUCE 4800 BENCHMARK CT. SARASOTA, FL 34238</li> <li>8. The above named entity submits this statement the obligations of redistered agent.</li> </ol>		1501 <sup>City</sup> Sa	7. Name and Address of New Registered Agent P. Bruce (P.O. Box Number is Not Acceptable) Bern Creek Loop ra Sof-a FL Zip Code 34240 stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE			
FILE NOWI!! FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2006 Fee will be \$550.00       Trust Fund Contribution.       Image: Contribution for the set of the			
10. OFFICERS / TITLE P NAME NYE, BRUCE STREET ADDRESS 4800 BENCHMARK CT. CITY-ST-ZIP SARASOTA, FL 34238	AND DIRECTORS	STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Addition Addition Addition Addition Addition Addition Addition Addition Addition
TITLE S NAME NYE, SONJA L STREET ADDRESS 4800 BENCHMARK CT. CITY-ST-ZIP SARASOTA, FL 34238	🛄 Delete	TITLE NAME NAME STREET ADDRESS 15 CITY-ST-ZIP SC	12, Sonja L OI Bern Creek Loop Arcisota FL 34240
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
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 607, 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 to execute this report as required by Chapter 607, 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 to execute the empowered of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, 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 to execute the empowered of the corporation of the corpora			