

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096986

FILED
Apr 27, 2006
Secretary of State

Entity Name: FUN SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6348 ALL AMERICAN BOULEVARD
ORLANDO, FL 328104304

New Principal Place of Business:

Current Mailing Address:

INTERNATIONAL PROFESSIONAL SERVICE CORP.
2813 S HIAWASSEE RD, #104
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3761050 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURRANT, JOHN
433 FALLS COURT
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DURRANT, JOHN
Address: 433 FALLS COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: DURRANT, CAROL
Address: 433 FALLS COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: JOHN DURRANT

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date