

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029050

Entity Name: FUN PLANNERS INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 354
APOPKA, FL 32704

New Principal Place of Business:

549 WEST 13TH STREET
C
APOPKA, FL 32703

Current Mailing Address:

PO BOX 354
APOPKA, FL 32704

New Mailing Address:

FEI Number: 75-3030100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLUNAY, MARIA L
P.O. BOX 354
APOPKA, FL 32704 US

Name and Address of New Registered Agent:

TOLUNAY, MARIA L
549 WEST 13TH STREET
C
APOPKA, FL 32703 US

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:

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOLUNAY, MARIA L
Address: P.O. BOX 354
City-St-Zip: APOPKA, FL 32704

Title: V () Delete
Name: TOLUNAY, KEMAL
Address: P.O. BOX 354
City-St-Zip: APOPKA, FL 32704

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: KEMAL TOLUNAY

VP

01/08/2007

Electronic Signature of Signing Officer or Director

Date