## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 02, 2006 8:00 am Secretary of State

DOCUMENT # P02000065933  1. Entity Name OUR WORK IS FUN, INC.								03-02-2006	90007 03	31 ***150	0.00	
Principal Plac 1020 32ND S SAINT PETER	STREET NRO	нто		Mailing Address 1020 32ND STREET NROTH SAINT PETERSBURG, FL 33713			) ( <b>187) (187</b> ) (188	TIIN 11011 NTIII TOIS NSS	<b>           </b>	<b>10 10102</b> 11160 111	INT)    4EN;	
2. Principal P	lace of Busin	ness	3. Mailing Addres	3. Mailing Address								
Suite, Apt. #, etc.			, , ,	Suite, Apt. #, etc.			01312006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State				4. FEI Number 90-0038				plied For t Applicable	
Zip	Country		Zíp	Coun	try		5. Certificate o	f Status Desired		\$8.75 Addi ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
HALE, FRED H 5850 PARK BLVD.					Street Address (P.O. Box Number is Not Acceptable)							
STE 1 PINELLAS PARK, FL 33781-3354												
					City	FL Zip Code						
<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>												
SIGNATURE												
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees												
10.	OFFICERS AND DIRECTORS						ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	RED H H STREET NORTH FRSBURG, FL 33705	OB Del	NAM STRE		·				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete TITLI DEBO-MOCKIZUKI, DEBORAH M 1020 32ND STREET NORTH SAINT PETERSBURG, FL 33713					P BChange Addition DEBO-MOCHIZUKI, DEBORAH M 1020 32ND STREET NORTH SAINT PETERSBURG, FL 33713						
TITLE NAME STREET ADDRESS: CITY-ST-ZIP	Delete IIITLI NAM - STRE CITY									Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Del	NAM Stre	]					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Del	NAM Stre	t t		-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De.	nam Stre City	ET ADDRESS -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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or an attraction of the corporation of the receiver of trustee in the property of t												