


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
2006 DEC 12 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000111807	
1. Entity Name ROMPER RHYTHMS & FUN, INC.	

Principal Place of Business 6805 PLEASANT OAKS PLACE RIVERVIEW, FL 33569	Mailing Address 6805 PLEASANT OAKS PLACE RIVERVIEW, FL 33569
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2. Principal Place of Business 3711 Kingsford Pl Suite, Apt. #, etc.	3. Mailing Address 3711 Kingsford Pl Suite, Apt. #, etc.
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City & State Valrico FL	City & State Valrico FL
Zip 33594	Zip 33594
Country	Country



11202006 Chg-P CR2E034 (11/05)

4. FEI Number 02-0728086	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, MICHELLE B PD 6805 PLEASANT OAKS PLACE RIVERVIEW, FL 33569
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7. Name and Address of New Registered Agent	
Name Christina A Mayfield	
Street Address (P.O. Box Number is Not Acceptable) 3711 Kingsford Pl	
City Valrico	FL Zip Code 33594

8. 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.	
SIGNATURE Christina A Mayfield / christina A Mayfield PD 11/17/06	DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHELLE B 6805 PLEASANT OAKS PLACE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SMITH, ROGER F 6805 PLEASANT OAKS PLACE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Christina A Mayfield 3711 Kingsford Place Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082103362 11/28/06--01043--010 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 12/12/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTIN STATEMENT 04 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: Christina A Mayfield	11/20/2006 Date
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12/7/06 813-657-9366