

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000144819

1. Entity Name
RUEL FUNELAS, INC.



**FILED
Mar 14, 2007 8:00 am
Secretary of State**

03-14-2007 90024 002 ***150.00

Principal Place of Business
PO BOX 100974
PALM BAY, FL 32910

Mailing Address
PO BOX 100974
PALM BAY, FL 32910

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State

01272007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1779716

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FUNELAS, RUEL
1700 WOODLAKE DR NE BLDG 2900 APT 105
PALM BAY, FL 32905

7. Name and Address of New Registered Agent
Name FUNELAS RUEL
Street Address (P.O. Box Number is Not Acceptable)
1077 JERSEY LANE N.E
City Palm Bay FL Zip Code 32905

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FUNELAS, RUEL 1700 WOODLAKE DR NE BLDG 2900 APT 105 PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Funelas Ruel</u> <u>1077 JERSEY LANE N.E</u> <u>Palm Bay FL 32905</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE:

Ruel Funelas

2/1/07 (321)591-3339
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR