

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


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FILED

2006 OCT 13 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT #</b> P0500C014308	
<b>1. Entity Name</b> FUN MLM, INC.	

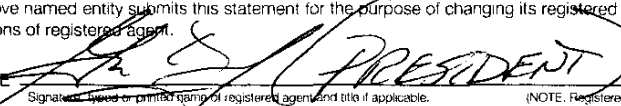
<b>Principal Place of Business</b> 2825 N. COURSE DRIVE APT 209 POMPANO BEACH FL 33069	<b>Mailing Address</b> 2825 N. COURSE DRIVE APT 209 POMPANO BEACH FL 33069
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 668487
City & State	City & State POMPANO BEACH, FL.
Zip	Zip 33066-8487
Country	Country U.S.A.

2nd MOORE	CR2E034 (4/06)
<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  DUENAS, ADRIENNE 2825 N. COURSE DRIVE APT 209 POMPANO BEACH FL 33069	<b>7. Name and Address of New Registered Agent</b>  Name: GUSTAVO DUENAS Street Address (P.O. Box Number is Not Acceptable): 2825 N. COURSE DR. #209 City: POMPANO BEACH, FL Zip Code: 33069
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**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.**

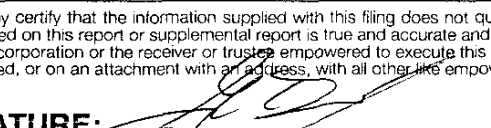
SIGNATURE:  (PRESIDENT) 9/23/06

Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUENAS, GUSTAVO 2825 N. COURSE DRIVE POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080148677 09/25/06--01045--004 **158.75
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 B 10/19/04
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 KATIA BORDA
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
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
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:  9/23/06 (954) 839-0625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10-7-06

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Florida Department of State  
Division of Corporation  
P.O. Box 6327,  
Tallahassee, FL 32314

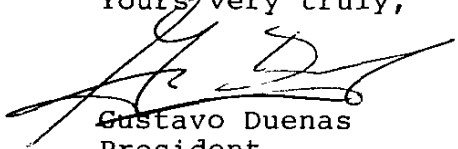
RE: 2006 Annual Report (AR)  
Fun MLM, Inc.

Gentlemen:

Please be advised that I did not receive your 2006 Annual Report form. On my report form for 2006 I checked the box that allows a waiver of \$400.00 late fee. Here is enclosed the form and copy of your letter.

Would you please waive these charges due to the fact that this is a new corporation without any financial means at this time.

Yours very truly,



Gustavo Duenas  
President