2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000014975

Entity Name: FUNKINGZ. INC.

FILED Oct 25, 2007 Secretary of State

Entity Nam	ie: FUNKING	Z, INC.				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
16406 SW : MIRAMAR,			SUITE 229	18455 MIRAMAR PARKWAY SUITE 229 MIRAMAR, FL 33029		
Current Ma	ailing Addres	s:	New Maili	ng Address:		
16406 SW : MIRAMAR,			18455 MIR. SUITE 229 MIRAMAR,		,	
FEI Number:	75-3181026	FEI Number Applied For ()	FEI Number Not Appl	icable () Cer	rtificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
JAMES, RC 16406 SW : MIRAMAR,	39 ST	US		OBERT 39TH STREET FL 33027 US		
The above in the State		submits this statement for the pu	rpose of changing i	ts registered office	e or registered agent, or both,	
SIGNATUR	!E:			10/25/2007		
	AND DIRECT			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () JAMES, ROBER 16406 SW 39 S MIRAMAR, FL	Т	Title: Name: Address: City-St-Zip:	() Cha	inge () Addition	
Title: Name: Address: City-St-Zip:	D () ANDERSON, RO 16406 SW 39 S MIRAMAR, FL	Т	Title: Name: Address: City-St-Zip:	()Cha	inge () Addition	
Title: Name: Address: City-St-Zip:	D () BAROSY, REGI 16406 SW 39 S MIRAMAR, FL	Т	Title: Name: Address: City-St-Zip:	()Cha	inge () Addition	
Title: Name: Address: City-St-Zip:	D () JAMES, VERON 16406 SW 39 S MIRAMAR, FL	Т	Title: Name: Address: City-St-Zip:	()Cha	unge () Addition	
Title: Name: Address: City-St-Zip:	D () LEWIS, AMOY 16406 SW 39 S MIRAMAR, FL		Title: Name: Address: City-St-Zip:	()Cha	inge()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT JAMES D 10/25/2007