

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124687

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: BEENFUNKD, INC.

**Current Principal Place of Business:**

2500 E. LAS OLAS #1406  
FT. LAUDERDALE, FL 33077 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770217  
CORAL SPRINGS, FL 33077 US

**New Mailing Address:**

FEI Number: 20-3455833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOALE, JAMES C  
2500 E. LAS OLAS BLVD  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: TOALE, JAMES C  
Address: PO BOX 770217  
City-St-Zip: CORAL SPRINGS, FL 33077 US

Title: VP ( ) Delete  
Name: TOALE, JAMYE  
Address: PO BOX 770217  
City-St-Zip: CORAL SPRINGS, FL 33077 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES C. TOALE

PD

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date