2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000132106 1. Entity Name THE FUN BUS ENTERTAINMENT COMPANY INC.									(02-23-2006 9	90020 0	41 ***150	0.00)	
Principal Place of Business 3167 HOYLAKE RD LAKE WORTH, FL 33467				Mailing Address 3167 HOYLAKE RD LAKE WORTH, FL 33467			0.0	uma Vir	F- F-	• - 	1(2) (1 1110 1)((1	11 2 2 1 1 22 11 2 2 112		E! 11 10 Ei	
2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				2202006		Chg-P		034 (11/05	5)		
City & State				City & State			4.	FEI Num	nber ©	20 - 35(947ء	5 ×		ied For Applicable	
Zip	Country			Zip Cour		itry	5. Certificate of Status Desired					\$8.75 Additional Fee Required			
6. Name and Address of Current Registe				istered Agent		Nome	7.	Name a	nd A	ddress of New	Registered	d Agent			
TOWNSEN 3167 HOYI LAKE WOF	LAKE RD	7 -	ं हो (है)			Street Addres	s (P.O. I	Box Nun	nber	is Not Acceptab	le)				
•		į				City					F	L Zip Co	ode		
	named entity ions of regist		atement for the	e purpose of changing its	register	ed office or regis	stered aç	gent, or i	both,	, in the State of F	lorida. I ai	n familiar wil	ih, a	nd accept	
SIGNATURE_	Signature, typed	or printed name of reg	sistered agent and t	tle if applicable. (NO	E: Registere	nd Agent signature requ	ired when s	rainstating)			DATE				
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$15 8 Fee will be	e \$550.00	9. Election Campa Trust Fund Con	tribution.	Ā	dded to								
10.	1-	OFFIC	ERS AND DIF	···	. 11.		A(ODITION.	4S/C	HANGES TO OF	FICERS A				
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indicated of the co	d on this repo progration or t	ort or supplement the receiver or tr	ital report is tro ustee empowe n address, with	is filing does not qualify be and accurate and that ered to execute this repo all other like empowere	: my sign: rt as requ	kemptions contai ature shall have t uired by Chapter	ined in C the same 607, Flo	Chapter le legal e orida Sta	119, ffect tutes	Florida Statutes as if made under and that my na	er oath; tha ime appea	certify that that that I am an officers in Block 19	e inf cer o	ormation or director Block 11 if	