## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000031317

Entity Name: FUNRAISERS, INC.

Apr 22, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12881 WINTHROP COVE DRIVE JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 12881 WINTHROP COVE DRIVE JACKSONVILLE, FL 32224 FEI Number: 20-4423026 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMPTON, KELLY B HAMPTON, KELLY B 211 NORTH LIBERTY STREET 1605 KING STREET JACKSONVILLE, FL 32204 US SUITE 3 JACKSONVILLE, FL 32202 US 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: 04/22/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MADDOX, RYAN M Name: Name: 12881 WINTHROP COVE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: VP/S () Delete Title: () Change () Addition Name: MADDOX, REBECCA G Name: 12881 WINTHROP COVE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: REBECCA G MADDOX VP/S 04/22/2007