## 2005 FOR PROFIT CORPORATION

## Jan 25, 2005 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P96000087183 1. Entity Name FUN LANGUAGES GAINESVILLE, INC. Principal Place of Business Mailing Address 2616 N.W. 37TH TERRACE 2616 N.W. 37TH TERRACE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 01182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3411464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent VISTELLE, KAYDIE 2616 N.W. 37TH TERRACE DO NOT WRITE GAINESVILLE, FL 32605 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 <del>U00000195431</del> 10. OFFICERS AND DIRECTORS 01/26/05-80027-013 150.00 TITLE VISTELLE, KAYDIE NAME 2616 N.W. 37TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**