2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003029

Entity Name: FOR FUN, INC.

City-St-Zip:

HALLANDALE, FL 330096237

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
413 SW 6 HALLAND	AVE ALE, FL 3300	96237			
Current Mailing Address:			New Mailing Address:		
413 SW 6 HALLAND	AVE ALE, FL 3300	96237			
FEI Number	: 65-0719338	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
413 SW 6	SON, KATHER AVE ALE, FL 3300				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCPHERSON, 413 SW 6 AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCPHERSON, 413 SW 6 AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DV (MCPHERSON, 413 SW 6 AVE		Title: Name: Address:	() Change () 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.

City-St-Zip:

SIGNATURE: KATHERINE MCPHERSON DP 04/28/2009