2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000030972

1. Entity Name
FUND AMERICA INC.

Principal Place of Business	Mailing Address
7789 CHARNEY LANE	7789 CHARNEY LANE
BOCA RATON, FL 33496 US	BOCA RATON, FL 33496 US

DO NOT WRITE IN THIS SPACE

02152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0825329	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ITZLER, DANIEL
7789 CHARNEY LANE
BOCA RATON, FL 33496

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ITZLER, DANIEL
STREET ADDRESS	7789 CHARNEY LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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03/03/06-60023-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Daniel Itzler_ Daniel Itzler Pres. 2/16/06   479-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #