## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000043062

Entity Name: FANTASYWORLD MANAGEMENT SERVICES, INC.

FILED May 11, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5005 KYNGS HEATH ROAD KISSIMMEE, FL 34746 US						
Current Mailing Address:			New Mailir	New Mailing Address:		
P.O. BOX 22193 LAKE BUENA, FL 328302193				5005 KYNGS HEATH ROAD KISSIMMEE, FL 34746		
FEI Number:	59-2063633	FEI Number Applied For ( )	EI Number Not Appli	cable ( ) C	ertificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				Address of Nev	v Registered Agent:	
WHITE, GREGORY M 1302 ORANGE AVE WINTER PARK, FL 32789 US			5005 KYNG	COLLINS, KEN 5005 KYNGS HEATH ROAD KISSIMMEE, FL 34746 US		
The above in the State		ubmits this statement for the purp	oose of changing it	s registered offic	e or registered agent, or both,	
SIGNATURE: KEN COLLINS 05/11/2007					05/11/2007	
Electronic Signature of Registered Agent				Date		
		(2)(b), F.S., the corporation did not re Trust Fund Contribution ( ).	ceive the prior notice	э.		
	AND DIRECT	` '	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ()E BRADY, DONALE 5745 MASTERS ORLANDO, FL 3	BOULEVARD	Title: Name: Address: City-St-Zip:	PD (X) CH WEINLAND, JEFF 7320 FAIRINGTON ORLANDO, FL 32		
Title: Name: Address: City-St-Zip:	V ()E BRADY, LORRAI 5745 MASTERS ORLANDO, FL 3	BLVD	Title: Name: Address: City-St-Zip:	VPD (X) CH SLADKEY, JOHN 12812 LINDEN LEAWOOD, KS 66	nange ( ) Addition	
Title: Name: Address: City-St-Zip:	]()	Delete	Title: Name: Address: City-St-Zip:	STD () Ch EJUWA, JONATHA 4702 STRATFORD EAGAN, MN 5512	LANE	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () Ch MCANDLESS, DOI 679 CLERMONT A LONDON, ON N5X	JG VENUE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zin:	D () Ch COLLARD, DAVID 1132 CLERIHUE R PORT COQUITI AN		

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.

SIGNATURE: JEFF WEINLAND PD 05/11/2007