## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V09010  1. Entity Name FANTASY FOUNTAIN, INC.		•			FILED Jan 31, 2005 08:00 AM Secretary of State				
Principal Plac	e of Business	Mailing Address	, <u> </u>		·	•			
1300 BRISTOL ST N		1300 BRISTOL ST N							
#100 NEWPORT BEACH CA 92660		#100 NEWPORT BEACH CA 92660							
US -		US					THE MODIL WHERE WERE \$25		11 <b>111</b>
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City & State			4. FEI Numb	<sup>er</sup> 59-310729	99	<del></del>	plied For at Applicable
Zip	Country	Zip	Country			of Status Desired	F	8.75 Add ee Require	
	6. Name and Address of Current	- <del></del>	7. Name and Address of New Registered Agent						
ЦΩ	ISTON BART A		"	Name .					
100 SUI	JSTON, BART A. N.E. 3RD AVENUE TE 850			(P.O. Box Number is Not Acceptable)					
FT.	LAUDERDALE FL 33301-11	46							
			C	City			FL	Zip Code	е
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered o	office or register	red agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and it de if applicable {NOTE	Registered Age	ent signeture required	i when reinstating)		DATE		
	ILE NOW!!! FEE IS \$150,00				· · · · · · · · · · · · · · · · · · ·				
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o					9. Election Cam Trust Fund Co			00 May Be ed to Fees
		f State	11.		ADDITIONS	Trust Fund Co	ontribution.	☐ Adde	ed to Fees
Make Check	k Payable to Florida Department o	f State	11.		ADDITIONS	Trust Fund Co	ontribution.   FICERS AND 205310	Adde	S IN 11
Make Check  10.  IIILE  MAME	OFFICERS AND P HOOLIHAN, MICHELE	f State DIRECTORS	TOTALE NAME	Photos	ADDITIONS	Trust Fund Co	ontribution.   FICERS AND 205310	Adde	S IN 11
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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: