


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 007 ***150.00

DOCUMENT # P99000043510	
1. Entity Name FUNCTION-IT, INC.	

Principal Place of Business 1726 ESPANOLA DR. MIAMI, FL 33133	Mailing Address 9406 SILVER CITY ROAD SILVER CITY, SD 57702
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2. Principal Place of Business - No P.O. Box # 1127 Poinsettia Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

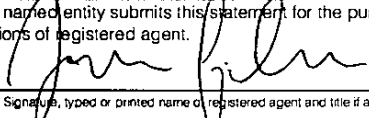
City & State Delray Beach, FL	City & State
Zip 33444	Country USA



04252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GOMEZ, JOHN PRES 1726 ESPANOLA DRIVE MIAMI, FL 33133	
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7. Name and Address of New Registered Agent Name JOHN GOMEZ Street Address (P.O. Box Number is Not Acceptable) 1127 Poinsettia Dr. City Delray Beach FL Zip Code 33444	
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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  JOHN GOMEZ	DATE April 25/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, JOHN <input checked="" type="checkbox"/> Delete 1726 ESPANOLA DR. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1127 Poinsettia Dr. Delray Beach, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JOHN GOMEZ	DATE April 25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE