2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712942

FILED Apr 12, 2006 Secretary of State

Entity Name: THE FAIRWAYS SOUTH, INC.

Current Principal Place of Business: New Principal Place of Business: 300 N E 14 AVE HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 300 N E 14 AVE HALLANDALE, FL 33009 FEI Number: 59-1236701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COSTABILE, CIRO LAPALME, MICHEL PRES 200 NE 14 AVENUE #321 300 NE 14 AVENUE #321 HALLANDALE, FL 33009 US US HALLANDALE, FL 33009 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. SIGNATURE: MICHEL LAPALME 04/12/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COSTA, CARLO Name: Name: 300 NE 14 AVE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROUSSEAU, MICHAEL Name: ROUSSEAU, MICHEL Name: Address: 300 NE 14 AVENUE Address: 300 NE 14 AVENUE City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: () Change () Addition BIGAOUETTE, ANTHONY Name: Name: 300 NE 14 AVE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: D () Delete Title: (X) Change () Addition Name: GAGNON, L Name: GAGNON, LISE Address: 300 NE 14 AVE Address: 300 NE 14 AVE City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: () Change () Addition LIDONI, LOUIS Name: Name: 200 NE 14 AVENUE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change () Addition COSTABILE, CIRO COSTABILE, CIRO Name: Name: Address: 200 NE 14 AVENUE Address: 200 NE 14 AVENUE HALLANDALE, FL 33009 HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL LAPALME PRES 04/12/2006