


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 030 ***150.00

DOCUMENT # 841767					
1. Entity Name THE FELDSPAR CORPORATION					
Principal Place of Business 1040 CROWN POINTE PKWY STE 270 ATLANTA, GA 30338 US			Mailing Address 1040 CROWN POINTE PKWY STE 270; ATT: MARY GING ATLANTA, GA 30338 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-0616733	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAM, LINO		NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY STE 270		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSTAMANTE, IGNACIO		NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY STE 270		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, PATRICK		NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY SUITE 270		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	CAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCK, BELINDA		NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY, STE 270		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GING, MARY K		NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY STE 270		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SADOWSKI, VINCENT E		NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY STE 270		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
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 empowers.					
SIGNATURE: <u><i>Belinda Brock</i></u>			Date: <u>3/24/06</u>		Daytime Phone #: <u>770-352-2458</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					