


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 017 ***150.00

DOCUMENT # P05000092827

1. Entity Name
FANTASTIC FAUX INC.



Principal Place of Business
**5525 AVENIDA PESCADORA
 FT. MYERS BEACH, FL 33931**

Mailing Address
**5525 AVENIDA PESCADORA
 FT. MYERS BEACH, FL 33931**

400000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COPENHAVER, WILLIAM K
 5525 AVENIDA PESCADORA
 FT. MYERS BEACH, FL 33931**

7. Name and Address of New Registered Agent

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 \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COPENHAVER, WILLIAM K	
STREET ADDRESS	5525 AVENIDA PESCADORA	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATEO, ISAIAS	
STREET ADDRESS	16005 HARBORVILLE STREET, APT. 431	
CITY-ST-ZIP	NAPLES, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOMEZ, FIDENCIO	
STREET ADDRESS	11625 MAKEENE AVE.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: William K. Copenhaver **WILLIAM K. COPENHAVER** 3-9-06 239-410-2007

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #