2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 189094

Entity Name: FAIRLANE FINANCIAL CORPORATION

Current Principal Place of Business:

1200 S PINE ISLAND ROAD
STE 100
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

1200 S PINE ISLAND ROAD
STE 100
FORT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 59-1774984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANE,SAMUEL R.
1200 S PINE ISLAND ROAD
STE 100
FT.LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	LANE, LUCILLE C,	
Address:	10821 NW 6 ST	
City-St-Zip:	PLANTATION, FL 33324	
Title:	P	( ) Delete
Name:	LANE, RONALD J	
Address:	11700 NW 9TH ST	
City-St-Zip:	PLANTATION, FL 333241400	
Title:	CDT	( ) Delete
Name:	LANE, SAMUEL R,	
Address:	10821 N.W. 6TH STREET	
City-St-Zip:	PLANTATION, FL 33324	
Title:	V	( ) Delete
Name:	LANE, RONALD D	
Address:	2000 SOUTH OCEAN DRIVE #1805	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	V	( ) Delete
Name:	MYHR, BRIAN D	
Address:	1264 NW 114TH AVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	LANE, RONALD J	
Address:	11700 NW 9TH ST	
City-St-Zip:	PLANTATION, FL 33325	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL R. LANE CDT 01/14/2009

Electronic Signature of Signing Officer or Director — Date