

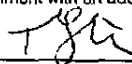


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 676814		
1. Entity Name FARMINGTON FINANCIAL INVESTMENT CORP.		
Principal Place of Business C/O JAMES A. MOLANS 16100 S. W. 173 AVENUE MIAMI, FL 33187		Mailing Address C/O JAMES A. MOLANS 16100 S. W. 173 AVENUE MIAMI, FL 33187
DO NOT WRITE IN THIS SPACE		
		 01112006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2774002
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent		
MOLANS, JAMES A. 16100 S. W. 173RD AVENUE MIAMI, FL 33187		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
		U000000526152 05/04/06-80062-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EATON, NICOLE 16100 SW 173RD AVENUE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOLANS, JAMES A. 16100 SW 173RD AVENUE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EATON, THOR 16100 SW 173RD AVENUE MIAMI, FL 33187	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COURTOIS, JOAN 16100 SW 173RD AVENUE MIAMI, FL 33187	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  THOR EATON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APRIL 19, 2006 (416) 929-4508 <small>Date Daytime Phone #</small>