

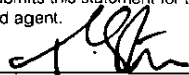



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90398 041 ***150.00

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		
2. Principal Place of Business - No P.O. Box # c/o THOR EATON		3. Mailing Address c/o Thor Eaton - Ocean Reef Club			
Suite, Apt. #, etc. 35 CARD SOUND ROAD		Suite, Apt. #, etc. 24 Dockside Lane		01302008 Chg-P CR2E034 (12/06)	
City & State KEY LARGO FL		City & State Key Largo FL		4. FEI Number 59-2774002	
Zip 33037		Country usa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLANS, JAMES A. 16100 S. W. 173RD AVENUE MIAMI, FL 33187				7. Name and Address of New Registered Agent Name THOR EATON Street Address (P.O. Box Number is Not Acceptable) 35 CARD SOUND ROAD City KEY LARGO FL Zip Code 33037	
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 				DATE April 22, 2008	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	VPD EATON, NICOLE 16100 SW 173RD AVENUE MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MOLANS, JAMES A. 16100 SW 173RD AVENUE MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EATON, THOR 16100 SW 173RD AVENUE MIAMI, FL 33187 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			DATE April 22, 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		