2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 724196

Entity Name: F.A.F.O., INC.

Current Principal Place of Business:

3681 NE 7TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

2050 SE73RD LOOP
OCALA, FL 34480 US

Current Mailing Address:

3681 NE 7TH STREET
OCALA, FL 34470 US

New Mailing Address:

2050 SE 73RD LOOP
OCALA, FL 34480 US

FEI Number: 59-1531258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TROW, CHESTER J
1 NE 1 AVE STE 303
OCALA, FL 34470 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

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: USHER, DEBORAH
Address: 2050 SE73RD LOOP
City-St-Zip: OCALA, FL 34480

Title: PD ( ) Delete
Name: MILLER, MIKE
Address: 3830 SE 15TH STREET
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: MUSSELMAN, KAREN
Address: 1517 SE 24 TERRACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MILLHORN, PAULETTE
Address: 915 SE 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH LYNN USHER TD 05/01/2006
Electronic Signature of Signing Officer or Director — Date