

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000771

FILED
Jan 17, 2007
Secretary of State

Entity Name: FAITH TECHNOLOGIES, INC.

Current Principal Place of Business:

2662 AMERICAN DRIVE
APPLETON, WI 549149010

New Principal Place of Business:

Current Mailing Address:

PO BOX 627
APPLETON, WI 549120627

New Mailing Address:

FEI Number: 41-2065665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DP () Delete
Name: STEPHENSON, ROLAND G
Address: N7797 LAKESHORE LANE
City-St-Zip: SHERWOOD, WI 54169

Title: DVP () Delete
Name: SCHINKE, RICHARD A JR
Address: N7991 CARRIAGE COURT
City-St-Zip: SHERWOOD, WI 54169

Title: DVP () Delete
Name: JANSEN, MICHAEL J
Address: 7619 EICHER DRIVE
City-St-Zip: SHAWNEE, KS 66217

Title: DVPT () Delete
Name: STACHOWIAK, DONALD M
Address: 613 E. CASTLEBURY LANE
City-St-Zip: APPLETON, WI 54913

Title: D () Delete
Name: LOVE, WILLIAM P JR
Address: 10711 OAKCREST LANE
City-St-Zip: OLATHE, KS 66061

Title: D () Delete
Name: GEHL, PAUL O
Address: 203 S. 10TH STREET
City-St-Zip: HILBERT, WI 54129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: DONALD STACHOWIAK

DVPT

01/17/2007

Electronic Signature of Signing Officer or Director

_____ Date