


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90059 014 \*\*\*150.00

<b>DOCUMENT # F04000004126</b>	
1. Entity Name <b>FADEA, INC.</b>	

**40002936**



01042005 Chg-P CR2E034 (10/03)

Principal Place of Business <b>8710 CLEVELAND AVENUE, N.W. NORTH CANTON, OH 44720</b>		Mailing Address <b>8710 CLEVELAND AVENUE, N.W. NORTH CANTON, OH 44720</b>	
2. Principal Place of Business <b>2428 Whipple Ave., N.W.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2428 Whipple Ave., N.W.</b> Suite, Apt. #, etc.	

City & State <b>Canton, OH</b>		City & State <b>Canton, OH</b>	
Zip <b>44708</b>	Country <b>USA</b>	Zip <b>44708</b>	Country <b>USA</b>

4. FEI Number <b>20-1321909</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PLUMB, FRANK 1933 WEST BRANDON BLVD. BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCT PLUMB, FRANK 1933 WEST BRANDON BLVD. BRANDON, FL 33511</b> <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	<b>VCS THOMSON, DAVID 8710 CLEVELAND AVENUE, N.W. NORTH CANTON, OH 44720</b> <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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> 	<b>David Thomson</b>	<b>1-5-05</b>	<b>330-477-2400</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT 40002936  
# FO 4000004126

KRUGLIAK  
WILKINS  
GRIFFITHS &  
DOUGHERTY  
CO., L.P.A.



THE FUTURE OF LAW

Samuel Krugliak  
1917-2003

F. Stuart Wilkins  
Raymond E. Griffiths  
Ronald W. Dougherty  
David L. Simiele  
Fred J. Haupt  
John Bogniard  
Michael A. Thompson  
William G. Williams  
Richard E. Davis  
Randall C. Hunt  
Sam O. Simmerman  
Terry A. Moore  
Paul H. Malesick II  
Karen Soehnlen McQueen  
Jacqueline Bollas Caldwell  
David E. Butz  
Leslie Iams Kuntz  
Charles E. Ringer  
Susan Carson Rodgers  
Edward D. Murray  
James F. Contini II  
John M. Tucker  
John D. Clark  
Michael A. Warkall  
Matthew P. Mullen  
Benjamin B. de Forest  
Scott R. Miller  
Stephanie Morgan Greene  
Gregory D. Swope  
Scott M. Zurkowski  
Jason M. Baasten  
Jeffrey A. Fickes  
Jason F. Haupt  
Owen J. Rarric

4775 MUNSON ST NW  
P.O. BOX 36963  
CANTON, OH 44735-6963  
330 497 0700  
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OFFICES IN:  
CANTON, ALLIANCE,  
NEW PHILADELPHIA  
AND SUGARCREEK

Mara R. Kraft  
Direct Line: (330) 244-4489  
mkraft@kwgd.com

January 11, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: *FADEA, Inc.*

Dear Sir/Madam:

Enclosed please find the 2005 For Profit Corporation Annual Report for FADEA, Inc., along with a check in the amount of \$150.00 for the filing fee.

Please file the enclosed documents and return evidence of filing in the envelope enclosed

If you have any questions, you can reach me at (330) 244-4489 between the hours of 8:00 a.m. and 4:30 p.m. EST.

Thank you for your cooperation in this matter.

Very truly yours,

KRUGLIAK, WILKINS, GRIFFITHS  
& DOUGHERTY CO., L.P.A.

Mara R. Kraft  
Corporate Paralegal

Enc.