2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State

Signature Country Country Signature Signatur	DOCUMENT # F06000006014 1. Entity Name FF HOLDINGS I, INC.								03-20-2007	90011 00	8130).00	
Suite, Apt. #, etc. Suite, Ap	164 AHMILT	ON CT	s	164 AHMILTON CT			÷		·				
Suite Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O3162007 Chg-P CR2E034 (12/06) Applied in Applied in No Applied in No Applied in	2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Country Country Country Country Country S. Conflicate of Status Desired \$8.75 Additional Fee Required \$8.75 Ad			,,,	Suite, Apt. #, etc.			w	03162007	Chg-P	CR2E03	34 (12/06)		
S. Certificate of Status Desired \$\text{pred} Australiant Feet People of the Polymer of Feet People of Status Desired \$\text{Feet People of Status Desired \$\text{Feet People of Status Desired \$\text{People of Status Desired \$\t	City & State LOUISVILLE KY			City & State							- I	plied For t Applicable	
Name	Zip 40229			Zip	Coun	try		5. Certificate of	of Status Desired				
CORPORATION SERVICE COMPANY 1201 HAYS STREET. TALLAHASSEE, FL;32301-2525 Street Address (P.O. 8ox Number is Not Acceptable)	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered										gent		
TALLAHASSEE, FL 32301-2525 City FL Zip Code													
B. 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 are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the follows and the follows are the familiar agent and with a depleted agent are dependent agent and when reliable agent, or both, in the State of Florida. I am familiar with, and are the familiar agent and when reliable agent are dependent agent agent are dependent agent agent are dependent agent are dependent agent are dependent agent	1						Street Address (P.O. Box Number is Not Acceptable)						
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SIGNATURE SignAture SignA	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. Lam familiar with, and accept												
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. SIREET ADDRESS GIVEN STAPP BLOOMFIELD, CT 06002 TITLE DS NAME SULLIVAN, SEAN R SIREET ADDRESS TORY-ST-2IP SIREET ADDRESS 164 AHMILTON CT CITY-ST-2IP COLOUISVILLE, KY 40229 TITLE DV NAME CACKOWSKI, MICHAEL R SIREET ADDRESS 1162 LUCKY HILL RD CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Change Added to Fees Added t													
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE CCEO	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
TITLE	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
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Teport 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 because the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered.

SIGNATURE:

Patrick T. Sullivan
Nature and typed or printed name of Signing Officer or Director

Date