

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90242 007 ****61.50

DOCUMENT # F07000000644 1. Entity Name FAIRY GODMOTHERS INC.					
Principal Place of Business 2930 TURNPIKE DRIVE HATBORO, PA 19040			Mailing Address PO BOX 118 HATBORO, PA 19040		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 23-3070710	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.			
6. Name and Address of Current Registered Agent MCDONALD, AMANDA 7850 REFLECTION COVE DR APT. 304 FT. MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD JESKO, JOYCE 2930 TURNPIKE DRIVE HATBORO, PA 19040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERRI SAXTON 2930 TURNPIKE DRIVE HATBORO PA 19040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOLTZMAN, BRIAN M 2930 TURNPIKE DRIVE HATBORO, PA 19040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANITA DORFMAN 2930 TURNPIKE DR. HATBORO PA 19040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCDONALD, BARBARA 2930 TURNPIKE DRIVE HATBORO, PA 19040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAURIE ZERUMSKY 2930 TURNPIKE DR. HATBORO PA 19040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAEFFER, BARBARA 2930 TURNPIKE DRIVE HATBORO, PA 19040	<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	D HEYWARD, LISA M 2930 TURNPIKE DRIVE HATBORO, PA 19040	<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	D SWIREN, PATTI 2930 TURNPIKE DRIVE HATBORO, PA 19040	<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 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 617, 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: BRIAN M. HOLTZMAN, SEC TREAS 1/8/08 (215) 674 8773					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					