


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 043 ***150.00

DOCUMENT # F58321 1. Entity Name FAI, INC.	
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Principal Place of Business C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address 2730 UNIVERSITY BLVD WEST SUITE 430 WHEATON, MD 20902 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	XX
NAME	MANFUSO, JOHN A JR
STREET ADDRESS	5530 DEAN BLVD
CITY-ST-ZIP	MANASSAS VA 20108
TITLE	XX PD
NAME	MANFUSO, ROBERT T
STREET ADDRESS	1975 MCKENDREE RD.
CITY-ST-ZIP	W. FRIENDSHIP, MD 21794
TITLE	ATD
NAME	PARAS, ANN M
STREET ADDRESS	1150 LOMBARD ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94109
TITLE	TD
NAME	MILLER, ELIZABETH M
STREET ADDRESS	480 GREENTREE
CITY-ST-ZIP	LITCHFIELD PARK, AZ 85340
TITLE	SD
NAME	MORRISON, ZELMA M
STREET ADDRESS	8101 CONNECTICUT AVE #300N
CITY-ST-ZIP	CHEVY CHASE, MD 20815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:  **4/9/07** **301-942-2775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert T. Manfuso, President** Date Daytime Phone #