

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-20-2007 90060 032 ***150.00

DOCUMENT # F93000002047	
1. Entity Name FLAIR PPC CORP.	

Principal Place of Business 4647 SW 40TH AVENUE SUITE 600 OCALA FL 34474 US	Mailing Address 13515 BALLANTYNE CORPORATE PL CHARLOTTE NC 28277 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-3145708	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P	<input type="checkbox"/> Delete
NAME RENZI, ANTHONY A	
STREET ADDRESS 13515 BALLANTYNE CORP.PL.	
CITY-ST-ZIP CHARLOTTE NC 28277	
TITLE VD	<input type="checkbox"/> Delete
NAME O'LEARY, PATRICK J	
STREET ADDRESS 13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP CHARLOTTE NC 28277	
TITLE AT	<input type="checkbox"/> Delete
NAME GIZA, RONALD	
STREET ADDRESS 13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP CHARLOTTE NC 28277	
TITLE VPT	<input type="checkbox"/> Delete
NAME REILLY, MICHAEL	
STREET ADDRESS 13515 BALLANTYNE CORP. PL	
CITY-ST-ZIP CHARLOTTE NC 28277	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kevin Lilly	
STREET ADDRESS 13515 Ballantyne Corp. Pl.	
CITY-ST-ZIP Charlotte, NC 28277	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald Giza Ronald Giza 2/2/07 231-737-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #