


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90126 039 \*\*\*150.00

<b>DOCUMENT # F93000002047</b>			
1. Entity Name <b>FLAIR PPC CORP.</b>			
Principal Place of Business <b>4647 SW 40TH AVENUE SUITE 600 OCALA FL 34474 US</b>		Mailing Address <b>13515 BALLANTYNE CORPORATE PL CHARLOTTE NC 28277 US</b>	
2. Principal Place of Business - No P.O. Box # <b>13515 Ballantyne Corp. Pl.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Charlotte, NC</b>		City & State	
Zip <b>28277</b>	Country <b>U.S.A.</b>	Zip	Country
4. FEI Number <b>59-3145708</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RENZI, ANTHONY A</b>			NAME			
STREET ADDRESS	<b>13515 BALLANTYNE CORP.PL.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'LEARY, PATRICK J</b>			NAME			
STREET ADDRESS	<b>13515 BALLANTYNE CORPORATE PL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>			CITY-ST-ZIP			
TITLE	<b>AT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIZA, RONALD</b>			NAME			
STREET ADDRESS	<b>13515 BALLANTYNE CORPORATE PL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>			CITY-ST-ZIP			
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REILLY, MICHAEL</b>			NAME			
STREET ADDRESS	<b>13515 BALLANTYNE CORP. PL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<b>Exec. VP/Secretary/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>Kevin Lilly</b>		
STREET ADDRESS				STREET ADDRESS	<b>13515 Ballantyne Corp. Pl.</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Charlotte, NC 28277</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	<b>Asst. Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>Steven D. Greenfeld</b>		
STREET ADDRESS				STREET ADDRESS	<b>13515 Ballantyne Corp. Pl.</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Charlotte, NC 28277</b>		

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** **4/9/2008** **231-737-5017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

**Additional Officers and Directors:**

Director  
Michael Reilly  
13515 Ballantyne Corp. Pl.  
Charlotte, NC 28277

Assistant Secretary  
John M. Burtis  
13515 Ballantyne Corp. Pl.  
Charlotte, NC 28277

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