


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000005281</b>	
1. Entity Name <b>FAIRMARK DEVELOPMENT, INC.</b>	
	
Principal Place of Business <b>5510 MOREHOUSE DRIVE, STE 200 SAN DIEGO, CA 92121</b>	Mailing Address <b>5510 MOREHOUSE DRIVE, STE 200 SAN DIEGO, CA 92121</b>



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-0772308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPAMERICA, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000893796 04/24/08-80002-012 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HASHIOKA, CHRISTOPHER E 5510 MOREHOUSE DR., STE 200 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V JONES, GLENN D 5510 MOREHOUSE DR., STE 200 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HRIBAR, JAMES A 5510 MOREHOUSE DR., STE 200 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SWANSON, RICHARD 5510 MOREHOUSE DR. STE 200 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/08 858-457-2123**

Date

Daytime Phone #