2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006247

1. Entity Name
FAIRWAY INC. OF DELAWARE

Principal Place of Business	Mailing Address
476 1ST AVE.N. NAPLES, FL 34102 US	8350 NW 52ND TERRACE SUITE 200 MIAMI, FL 33166

01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0318267
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRY L. NEEDLER
476 1ST AVE. N.
NAPLES, FL 34102

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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: BL Needler BARRY NEEDLER Jan. 19/06
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, 2006 Fee will be $550.00

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

000000401787
02/02/06-80060-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEEDLER, BARRY L
STREET ADDRESS	FOXGATE, 1011 19TH SIDE ROAD, KING CITY
CITY-ST-ZIP	ONTARIO, CANADA L7B 1K5,
TITLE	V
NAME	NEEDLER, LOUISE
STREET ADDRESS	FOXGATE, 1011 19TH SIDE ROAD, KING CITY
CITY-ST-ZIP	ONTARIO, CANADA L7B 1K5,
TITLE	S
NAME	MACDONALD, JOHN W
STREET ADDRESS	27 RIVERCREST ROAD, TORONTO, ONTARIO
CITY-ST-ZIP	CANADA M6S 4H4,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: BL Needler BARRY NEEDLER Jan. 19/06 905-841-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #