

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90039 018 ***150.00

DOCUMENT # F97000006247					
1. Entity Name FAIRWAY INC. OF DELAWARE					
Principal Place of Business 476 1ST AVE. N. NAPLES, FL 34102 US			Mailing Address 8350 NW 52ND TERRACE SUITE 200 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 1076 Goodlette Rd. N		3. Mailing Address 9050 Pines Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 386			
City & State Naples, FLORIDA		City & State Pembroke Pines, FL		4. FEI Number 51-0318267	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRY L. NEEDLER 476 1ST AVE. N. NAPLES, FL 34102			7. Name and Address of New Registered Agent Name: RYAN Needler Street Address (P.O. Box Number is Not Acceptable): 1076 Goodlette Rd. N. City: Naples FL Zip Code: 34102		
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: x 07/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME NEEDLER, BARRY L. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS FOXGATE, 1011 19TH SIDE ROAD, KING CITY	CITY-ST-ZIP ONTARIO, CANADA L7B 1K5,		STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME NEEDLER, LOUISE <input type="checkbox"/> Delete		TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS FOXGATE, 1011 19TH SIDE ROAD, KING CITY	CITY-ST-ZIP ONTARIO, CANADA L7B 1K5,		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME MACDONALD, JOHN W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 27 RIVERCREST ROAD, TORONTO, ONTARIO	CITY-ST-ZIP CANADA M6S 4H4,		STREET ADDRESS	CITY-ST-ZIP	
TITLE XXXX	NAME XXXX <input type="checkbox"/> Delete		TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS RYAN Needler	CITY-ST-ZIP 1076 Goodlette Rd North Naples, FL 34102	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			x 07/18/07 (239) 644-8606 ext. 105		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		