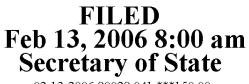
2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # F9900003061 1. Entity Name FC CAPITAL CORP.						02-13-2006 90029 041 ***150.00			
Principal Place of Business Mailing Address					***				
6400 IMPERIAL DRIVE WACO, TX 76712		6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 76714-8216 US				- I BANIPA NIN IBIN IBIN FAMI BANI BANI BANI BANI BANI BANI BANI BAN			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092006	Chg-P	CR2E034 (11/	05)
City & State		City & State				4. FEI Numbe 74-2846			Applied For Not Applicable
Zip	Country	Zip	Coun	try			of Status Desired	Fee Rec	Additional juired
	6. Name and Address of Current I	Registered Agent		Nama		7. Name and	Address of New R	egistered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip	Code
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.								vith, and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.					CERS AND DIRECT	
TITLE	PD	☐ Delete	TITLE	:	Dre.	sident	i Mair	Char	ge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP	SARTAIN, JAMES T 6400 IMPERIAL DR PO BOX 821 WACO, TX 767148216	6		e et address - st-zip	633	7 29m 5 Franco 6 7X	Sartai rial Dri	We-follows	4168xa
TITLE	S	Delete	TITLE			proten		☐ Char	ge 🔲 Addition
NAME STREET ADDRESS	RAY, MARGIE 6400 IMPERIAL DRIVE PO BOX	8216	NAME	E Et address	1-0 /	46 809	HIVE ON	18-POBO	N68×
CITY-ST-ZIP	WACO, TX 767148216		спү-	-ST-ZIP	<i>2</i> 00	200 Tuest	× 76714	~ 001P	
NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, JAMES R 6400 IMPERIAL DRIVE PO BOX 8 WACO, TX 767148216	⁵ ∕ ⊘ Delete 3216		l l				☐ Chan	ge 🗍 Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ				☐ Chan	ge 🗌 Addition
TITLE		☐ Delete	TITLE					☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS			NAME	ET ADDRESS					.]
CITY-ST-ZIP	•	· · · · · · · · · · · · · · · · · · ·		ST-ZIP					-
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exe	mptions co	ontained	in Chapter 119,	Florida Statutes. I I	further certify that the	e 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 DO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(*2*54)761-2800