


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90045 006 ****61.25

DOCUMENT # N03000002704 1. Entity Name FAYALOBI CORPORATION			
Principal Place of Business P.O. BOX 1405 VALRICO, FL 33595		Mailing Address P.O. BOX 1405 VALRICO, FL 33595	
2. Principal Place of Business - No P.O. Box # P.O. Box 1332		3. Mailing Address P.O. Box 1332	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valrico, FL 33595		City & State Valrico, FL 33595	
Zip		Zip	
Country		Country	
4. FEI Number 20-0944190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ECKELEN, EMANUEL 13140 ENCHANTMENT DRIVE SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature (holder of board and name of registered agent and the board chair) of the registered agent/signature of the board chair</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input type="checkbox"/> Delete BUDEL, SANDRA 3114 PARTRIDGE POINT TRAIL VALRICO, FL 33594	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD <input type="checkbox"/> Delete NIEUWENDAM, ANTHONY 6209 WHIMBREL WOOD DR LITHIA, FL 33547	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input type="checkbox"/> Delete LIFOSJOE, TRUUS 22216 BEL HARBOR DRIVE LAND O LAKES, FL 34639	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD <input checked="" type="checkbox"/> Delete KERSTER, LYDIA 15918 PIDDLIN PND LANE TAMPA, FL 33618	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP	
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			