
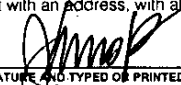


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90022 028 \*\*\*150.00

|  |   |  |   |   |                 |
|--|---|--|---|---|-----------------|
| <b>DOCUMENT # P00000038544</b>   |   |  |   |                |                 |
| 1. Entity Name<br><b>FAIRBURY BUILDERS, INC.</b>   |   |  |   |   |                 |
| Principal Place of Business<br><b>3200 TAMiami TRAIL NORTH<br/>STE 200<br/>NAPLES, FL 34103</b>  |   |  | Mailing Address<br><b>3200 TAMiami TRAIL NORTH<br/>STE 200<br/>NAPLES, FL 34103</b> |   |                 |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |   |                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |                 |
| City & State   |   | City & State   |   |   |                 |
| Zip  | Country                                       | Zip  | Country   | 4. FEI Number<br><b>59-3641126</b>  |                 |
|  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |                 |
|  |   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                 |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent   |   |                 |
| <b>WOODWARD, MARK J<br/>3200 TAMiami TRAIL NORTH<br/>STE 200<br/>NAPLES, FL 34103</b>  |   |  | Name  |   |                 |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)                                  |   |                 |
|  |   |  | City  |   |                 |
|  |   |  | <b>FL</b>   |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |   |   |                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                 |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |                 |
| TITLE  | DP <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                 |
| NAME   | <b>FERRAO, TINA</b>                           | NAME   |   |   |                 |
| STREET ADDRESS   | <b>3200 TAMiami TRAIL NORTH STE 200</b>       | STREET ADDRESS   |   |   |                 |
| CITY - ST - ZIP  | <b>NAPLES, FL 34103</b>                       | CITY - ST - ZIP  |   |   |                 |
| TITLE  | VPD <input type="checkbox"/> Delete           | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |                 |
| NAME   | <b>PARISI, JOSEPH L</b>                       | NAME   |   |   |                 |
| STREET ADDRESS   | <b>3470 CLUB CENTER BLVD</b>                  | STREET ADDRESS   | <b>8156 Fiddler's Creek Parkway</b>   |   |                 |
| CITY - ST - ZIP  | <b>NAPLES, FL 34114</b>                       | CITY - ST - ZIP  |   |   |                 |
| TITLE  | SD <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                 |
| NAME   | <b>WOODWARD, MARK J</b>                       | NAME   |   |   |                 |
| STREET ADDRESS   | <b>3200 TAMiami TRAIL N. 201</b>              | STREET ADDRESS   |   |   |                 |
| CITY - ST - ZIP  | <b>NAPLES, FL 34103</b>                       | CITY - ST - ZIP  |   |   |                 |
| TITLE  | TD <input checked="" type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                 |
| NAME   | <b>PIRES, ANTHONY</b>                         | NAME   |   |   |                 |
| STREET ADDRESS   | <b>3200 TAMiami TRAIL NO 201</b>              | STREET ADDRESS   |   |   |                 |
| CITY - ST - ZIP  | <b>NAPLES, FL 34103</b>                       | CITY - ST - ZIP  |   |   |                 |
| TITLE  | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |                 |
| NAME   |   | NAME   | <b>TD DiNardo, Anthony</b>  |   |                 |
| STREET ADDRESS   |   | STREET ADDRESS   | <b>8156 Fiddler's Creek Parkway</b>   |   |                 |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  | <b>Naples, FL 34114</b>   |   |                 |
| TITLE  | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |                 |
| NAME   |   | NAME   |   |   |                 |
| STREET ADDRESS   |   | STREET ADDRESS   |   |   |                 |
| CITY - ST - ZIP  |   | 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 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:    |   |  | 2/1/07  |   | (239) 732-9400  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Joseph Livio Parisi</b>   |   |  | Date  |   | Daytime Phone # |