
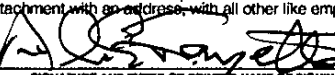


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000042937		
1. Entity Name CHRISTOPHER OWENS FAYETTE & ASSOCIATES, INC.		
Principal Place of Business 19505 DELAWARE CIRCLE BOCA RATON, FL 33434	Mailing Address 19505 DELAWARE CIRCLE BOCA RATON, FL 33434	
DO NOT WRITE IN THIS SPACE		
		04272007 No Chg-P CR2E034 (11/05)
4. FEI Number NOT APPLICABLE		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		
FAYETTE, ALAN G 19505 DELAWARE CIRCLE BOCA RATON, FL 33434		DO NOT WRITE IN THIS SPACE
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, 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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000753096 05/22/07-80008-007 1501.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FAYETTE, CHRISTOPHER O 19505 DELAWARE CIRCLE BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAYETTE, ALAN G 19505 DELAWARE CIRCLE BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAYETTE, STEPHEN G 28 BENEDICT ROAD BETHEL, CT 06801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  ALAN G. FAYETTE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> VP 04/27/07 561-952-9061 <small>Date Daytime Phone #</small>		