


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000017910 1. Entity Name FAIRTIME, INC.	
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Principal Place of Business 380 SOUTH SR 434 ALTAMONTE SPRINGS, FL 32714	Mailing Address 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3698224	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fec Required
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6. Name and Address of Current Registered Agent NEGUS, SUSAN 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGUS, SUSAN 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, WALTER 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714
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08/31/06-80005-009 150.00

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: Susan C. Negus 8/30/06 4072924523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #