
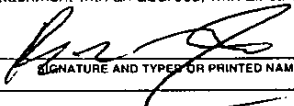


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90422 029 \*\*\*150.00

DOCUMENT # P01000084232					
<b>1. Entity Name</b> FAIRWAY DEVELOPMENT GROUP, INC					
<b>Principal Place of Business</b> 1474 TRUNE WAY VENICE, FL 34292			<b>Mailing Address</b> 1474 TRUNE WAY VENICE, FL 34292		
<b>2. Principal Place of Business</b> 740 Commerce DR Suite, Apt. #, etc. 12		<b>3. Mailing Address</b> 740 Commerce DR Suite, Apt. #, etc. 12			
<b>City &amp; State</b> Venice FL		<b>City &amp; State</b> Venice FL		<b>4. FEI Number</b> 65-1147406	
<b>Zip</b> 34292		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MOREY, ROBERT 1474 TRUNE WAY VENICE, FL 34292			<b>7. Name and Address of New Registered Agent</b> Name: ROBERT C. MOREY Street Address (P.O. Box Number is Not Acceptable): 740 Commerce DR Suite 12 City: Venice FL Zip Code: 34292		
<b>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.</b>					
SIGNATURE:  ROBERT C. MOREY 4/24/05 <small>Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: MOREY, ROBERT STREET ADDRESS: <del>1474 TRUNE WAY</del> CITY-ST-ZIP: VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 740 Commerce DR CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE:  ROBERT C. MOREY 4/25/05 841-488-9514 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					