

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90216 043 \*\*\*150.00

<b>DOCUMENT # P02000001269</b> 1. Entity Name <b>FATFATHER, INC.</b>					
Principal Place of Business <b>12620-3 BEACH BLVD. JACKSONVILLE, FL 32246</b>				Mailing Address <del>11913 LORETTO SQ. DR., S. JACKSONVILLE, FL 32223</del> <i>855 COLLINSWOOD DR. JACKSONVILLE, FL 32225</i>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>855 COLLINSWOOD DR.</i> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <i>JACKSONVILLE, FL</i> Zip      Country <i>32225      USA</i>		4. FEI Number <b>01-0587315</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04202006      Chg-P      CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>PAPPALARDO, VINCE A</b> <del>11913 LORETTO SQ. DR., S.</del> <i>855 COLLINSWOOD DR</i> <b>JACKSONVILLE, FL 32223</b> <i>JACKSONVILLE, FL 32225</i>				7. Name and Address of New Registered Agent 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</b> <b>After May 1, 2006 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAPPALARDO, VINCE A</b> <b>11913 LORETTO SQ. DR., S.</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAPPALARDO, VINCE A</b> <b>855 COLLINSWOOD DRIVE</b> <b>JACKSONVILLE, FL 32225</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>PAPPALARDO, SUSAN F</b> <b>11913 LORETTO SQ. DR., S.</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>PAPPALARDO, SUSAN F</b> <b>855 COLLINSWOOD DR</b> <b>JACKSONVILLE, FL 32225</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Vince A Pappalardo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/24/06</i> <i>904-642-1070</i> <small>Date      Daytime Phone #</small>		