


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000063377**  
 1. Entity Name  
**FAUX FANTASIES, INC.**



Principal Place of Business      Mailing Address  
**7808 QUIDA DRIVE**                      **7808 QUIDA DRIVE**  
**WEST PALM BEACH, FL 33411**              **WEST PALM BEACH, FL 33411**

**DO NOT WRITE IN THIS SPACE**



05222006      No Chg-P      CR2E034 (11/05)  
 4. FEI Number      Applied For  
**02-0466059**                      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHINSKY, GRACIELA**  
**7808 QUIDA DRIVE**  
**WEST PALM BEACH, FL 33411**

**DO NOT WRITE IN THIS SPACE**  
 000000565935  
 05/24/06-80001-003 150.00

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 *[Handwritten Signature]*      DATE **5/22/06**  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when completing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LACHMAYER, KLEMENS M</b> <b>7808 QUIDA DRIVE</b> <b>WEST PALM BEACH, FL 33411</b>
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**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*      DATE **5/22/06**      DAYTIME PHONE # **561-682-3242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #