2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P03000034024

Entity Name: FACHIME, INC.

Current Principal Place of Business:

501 SOUTH H STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

501 SOUTH H STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 38-3677380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REILLY, DENNIS
1872 CAPESIDE CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: REILLY, DENNIS
Address: 1872 CAPESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: DVP ( ) Delete
Name: MANGINI, JOSEPH A
Address: 13675 CHATSWORTH VILLLAGE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete
Name: MANGINI, JUANITA
Address: 13675 CHATSWORTH VILLAGE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: REILLY, ELLEN
Address: 1872 CAPESIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A . MANGINI DVP 01/06/2005

Electronic Signature of Signing Officer or Director Date