## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 20, 2006 08:00 AM DOCUMENT # P03000147766 **Secretary of State** FAIRMEADOWS PRODUCTIONS, INC. Principal Place of Business Malling Address 7576 GRANVILLE DR 7576 GRANVILLE DR TAMARAC, FL 33321 TAMARAC, FL 33321 CR2E034 (11/05) 03162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1377723 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent SHERMAN, RICHARD H DO NOT WRITE 2201 RINGLING BLVD SARASOTA, FL 34237 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE Election Campaign Financing \$5.00 May 8a U00000474829 04/04/06-80039-014 150.00 FILE NOWIN FEE IS \$180.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE NAME SHERMAN, RICHARD STREET ADDRESS % 7576 GRANVILLE DR QTY-ST-ZP TAMARAC, FL 33321 TIDE SHERMAN, MONA NAME STREET AUTORESS % 7576 GRANVILLE DR CITY-ST-21P TAMARAC, FL 33321 NAME STREET ADDRESS DO NOT WRITE CXTY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZP TITLE NAME

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 it 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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