2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 27, 2008 8:00 am Secretary of State

DOCUMENT # P0400093089 1. Entity Name FAS-KART, INC.					08-27-2008 90010 021 ***150.00			
Principal Place of Business Mailing Address					.~			
2615 SOUTHERN OAKS PLACE 2615 SOUTHERN OAKS I PLANT CITY, FL 33566 PLANT CITY, FL 33566						,		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07242008	Chg-P	CR2E034 (12	06)	
City & State		City & State		4. FEI Number 34-2001			Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	 Registered Agent	<u> </u>		7. Name and	Address of New R		
NAA CHELL	CTEDUEN			Name				
MACHELL, STEPHEN 2615 SOUTHERN OAKS PLACE BLANT CITY ELEGISSES			Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY, FL 33566								
N. 17				City	FL 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 Signature, typed or printed name of registereo agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Final Trust Fund Contribution					. 00 May Be	In accordance v	with s. 607.193(2	(b), F.S., the
	ue by September 12, 2000	riust i dila con	tribution.	□ A00	ied to Fees	corporation did	not receive the p	nor nouce.
10.	OFFICERS AND	DIRECTORS	11.				ICERS AND DIREC	TORS IN 11
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12. Thereby certify that the information supplied with this filing does not quality 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F-27.18 813.299 4827