


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90296 046 ***150.00

DOCUMENT # P04000163379 1. Entity Name FAST TIMES INFORMATION INC.			
Principal Place of Business 2800 SW WILLISTON RD 2121 GAINESVILLE, FL 32608 US		Mailing Address 2800 SW WILLISTON RD 2121 GAINESVILLE, FL 32608 US	
2. Principal Place of Business 1028 Nin St Suite, Apt. #, etc.		3. Mailing Address 1028 Nin St Suite, Apt. #, etc.	
City & State Orlando, FL 32835 Zip Country 32835 USA		City & State Orlando, FL 32835 Zip Country 32835 USA	
4. FEI Number 20-2108462		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORN, MICHAEL B 1028 NIN ST ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u><i>Michael B Dorn</i></u> DATE <u><i>4/12/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDEVANTER, WYNSLOW <input checked="" type="checkbox"/> Delete 220 NW 15 TERR. APT 202 GAINESVILLE, FL 32612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Van Devanter, WYNSLOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17213 Brown Rd POOLESVILLE, MD 20837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORN, MICHAEL B <input type="checkbox"/> Delete 1028 NIN ST ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Michael B Dorn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/12/05</i></u> <u><i>(352) 359-1301</i></u> <small>Date Daytime Phone #</small>	