

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019420

FILED
Apr 20, 2006
Secretary of State

Entity Name: THE FARCAST CORPORATION

Current Principal Place of Business:

639 N. ROCHESTER RD.
CLAWSON, MI 48017 US

New Principal Place of Business:

1374 RANKIN DR.
TROY, MI 48083 US

Current Mailing Address:

639 N. ROCHESTER RD.
CLAWSON, MI 48017 US

New Mailing Address:

1374 RANKIN DR.
TROY, MI 48083 US

FEI Number: 65-0651931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231 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: P () Delete
Name: DELAURIER, N ROBERT
Address: 87200 OVERSEAS HWY # F4
City-St-Zip: ISLAMORADA, FL 33036 US

Title: VP () Delete
Name: DELAURIER, ROBERT N
Address: 729 SOUTH BLVD.
City-St-Zip: TROY, MI 48085 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: N. ROBERT DELAURIER

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date