2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060592

FILED Apr 29, 2007 Secretary of State

Entity Name: FAERIE DUST INC.	
Current Principal Place of Business:	New Principal Place of Business:
P.O. BOX 291336 PORT ORANGE, FL 32129	1104 A SOUTHAMPTON DR PORT ORANGE, FL 32129
Current Mailing Address:	New Mailing Address:
P.O. BOX 291336 PORT ORANGE, FL 32129	
FEI Number: 20-2741544 FEI Number Applied Fo	or () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered A	gent: Name and Address of New Registered Agent:
SMITH, JOSEPH R 1104A SOUTHAMPTON DR PORT ORANGE, FL 32129 US	SMITH, SERINA 1934 ELKCAM BLVD DELTONA, FL 32725 US
The above named entity submits this statement in the State of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATURE: SERINA SMITH	04/29/2007
Electronic Signature of Registe	ered Agent Date
Election Campaign Financing Trust Fund Contribution	().
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: MARING, TAMALYN Address: P.O. BOX 291336 City-St-Zip: PORT ORANGE, FL 32129	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: MARING, BRUCE P Address: P.O. BOX 291336 City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE MARING VΡ 04/29/2007