



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90020 002 \*\*\*150.00

<b>DOCUMENT # P05000066544</b> 1. Entity Name <b>FAITH VARIETY INC</b>					
Principal Place of Business <b>3841 SW 52 AVENUE</b> <b>104</b> <b>HOLLYWOOD, FL 33023</b>			Mailing Address <b>3841 SW 52 AVENUE</b> <b>104</b> <b>HOLLYWOOD, FL 33023</b>		
2. Principal Place of Business <b>383 W Dayton Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>383 W Dayton Circle</b> Suite, Apt. #, etc.		<b>50003749</b>  	
City & State <b>Ft Lauderdale Florida</b>		City & State <b>Ft Lauderdale Florida</b>		4. FEI Number <b>20 2790723</b>	
Zip <b>33312</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, SUZANNE</b> <b>3841 SW 52 AVENUE</b> <b>104</b> <b>HOLLYWOOD, FL 33023</b>				7. Name and Address of New Registered Agent Name <b>Diana Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>383 W Dayton Circle</b>  City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33312</b>	
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 <b>DIANA JOHNSON</b> DATE <b>3/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, SUZANNE</b> <b>3841 SW 52 AVENUE #104</b> <b>HOLLYWOOD, FL 33023</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Diana Johnson</b> <b>383 Dayton Circle</b> <b>Ft Lauderdale FL 33312</b>	<input checked="" 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
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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 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: <b>DIANA Johnson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/15/06</b> Daytime Phone # <b>754-422 0128</b>		