


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 032 ***150.00

DOCUMENT # P05000092827	
1. Entity Name FANTASTIC FAUX INC.	

Principal Place of Business 5525 AVENIDA PESCADORA FT. MYERS BEACH, FL 33931	Mailing Address 5525 AVENIDA PESCADORA FT. MYERS BEACH, FL 33931
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2. Principal Place of Business - No P.O. Box # 8336 Lagoon Rd	3. Mailing Address 8336 Lagoon Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Myers Beach, FL	City & State Ft. Myers Beach, FL
Zip 33931	Country Lee

6. Name and Address of Current Registered Agent COPENHAVER, WILLIAM K 5525 AVENIDA PESCADORA FT. MYERS BEACH, FL 33931	
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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPENHAVER, WILLIAM K		NAME Hobanni Mateo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5525 AVENIDA PESCADORA		STREET ADDRESS 16005 Harbor View Apts, #431	
CITY-ST-ZIP FT. MYERS BEACH, FL 33931		CITY-ST-ZIP Naples, FL 34110	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MATEO, ISAIAS		NAME Elmer Serrato	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 16005 HARBORVILLE STREET, APT. 431		STREET ADDRESS 2041 61st St S.W.	
CITY-ST-ZIP NAPLES, FL		CITY-ST-ZIP Naples, FL 34116	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOMEZ, FIDENCIO		NAME	
STREET ADDRESS 11625 MAKEENE AVE.		STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS, FL 34110		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Keith Copenhaver	3-26-07	410-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40048435



03232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3077773	Applied For NOT APPLICABLE
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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