

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000104465

1. Entity Name
FAITHBASE SOLUTIONS, INC.



FILED

2008 APR 29 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR 32-01819129 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Principal Place of Business Mailing Address
3700 CAPITAL CIR SE STE 1101 3700 CAPITAL CIR SE STE 1101
TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
1114 E-8 THOMASVILLE RD. **3700 CAPITAL CIRCLE SE #1101**
City & State City & State
TALL., FL. 32303 **TALL., FL.**
Zip Country Zip Country
32311

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
THORPE, DARRELL
3700 CAPITAL CIR SE STE 1101
TALLAHASSEE, FL 32311
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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, DARRELL		NAME	000126864320	
STREET ADDRESS	3700 CAPITAL CIR SE STE 1101		STREET ADDRESS	04/29/08--01024--024	**150.00
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, CRYSTAL		NAME		
STREET ADDRESS	3700 CAPITAL CIR SE STE 1101		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, WANDA		NAME		
STREET ADDRESS	3700 CAPITAL CIR SE STE 1101		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		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		
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: *[Signature]* **4.29.08** **850.491.6352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #