

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000104465</b> 1. Entity Name FAITHBASE SOLUTIONS, INC.	
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FILED  
 2008 APR 29 PM 1:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business 3700 CAPITAL CIR SE STE 1101 TALLAHASSEE, FL 32311	Mailing Address 3700 CAPITAL CIR SE STE 1101 TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1114 E-8 THOMASVILLE RD. City & State TALL., FL. 32303 Zip Country	3. Mailing Address Suite, Apt. #, etc. 3700 CAPITAL CIRCLE SE #101 City & State TALL., FL. Zip 32311 Country
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04292008 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 32-0181929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THORPE, DARRELL 3700 CAPITAL CIR SE STE 1101 TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 Fee will be \$550.00</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	CEO THORPE, DARRELL 3700 CAPITAL CIR SE STE 1101 TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000126864320 04/29/08--01024--024 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THORPE, CRYSTAL 3700 CAPITAL CIR SE STE 1101 TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, WANDA 3700 CAPITAL CIR SE STE 1101 TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Darrell Thorpe*      Date: 4.29.08      Daytime Phone #: 850.491.6352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR