

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104465

Entity Name: FAITHBASE SOLUTIONS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1114 E-5 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3700 CAPITAL CIRCLE SE #1101
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 32-0181929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, DARRELL
3700 CAPITAL CIR SE STE 1101
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: THORPE, DARRELL
Address: 3700 CAPITAL CIR SE STE 1101
City-St-Zip: TALLAHASSEE, FL 32311

Title: CFO () Delete
Name: THORPE, CRYSTAL
Address: 3700 CAPITAL CIR SE STE 1101
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRYSTAL THORPE

CFO

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date