
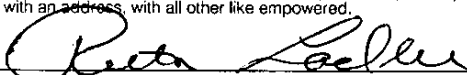


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90006 002 \*\*\*150.00

<b>DOCUMENT # P07000000297</b> 1. Entity Name <b>FAST FORMS, INC.</b>					
Principal Place of Business <b>3107 STIRLING RD. SUITE 308 FT. LAUDERDALE, FL 33312</b>			Mailing Address <b>3107 STIRLING RD. SUITE 308 FT. LAUDERDALE, FL 33312</b>		
2. Principal Place of Business - No P.O. Box # <b>5802 N UNIVERSITY DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>5802 N UNIV.</b> Suite, Apt. #, etc.			
City & State <b>TAMARAC FL</b>		City & State <b>TAMARAC FL</b>		4. FEI Number <b>20-8146120</b>	
Zip <b>33321</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>KENNETH, FRIEDMAN A 3107 STIRLING RD SUITE 308 FT. LAUDERDALE, FL 33312</b>			7. Name and Address of New Registered Agent Name <b>RUTH LANDLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5802 N UNIVERSITY DR</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P LANDLER, RUTH A 5802 N. UNIVERSITY DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. GARDNER, IAN 5802 N UNIVERSITY Drive TAMARAC FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S FRIEDMAN, KENNETH A 3107 STIRLING RD. FT. LAUDERDALE, FL 33312 <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	
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	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/28/08 9547269499 Date Daytime Phone #		