2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State
05-05-2008 90237 005 ***150.00

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1. Entity Name
FAIRTRONIX TECHNOLOGY, INC.

66013406

05012008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~2400 E. LAS OLAS BLVD~~ ~~PMB 120~~ ~~FORT LAUDERDALE, FL 33301~~ US	~~2400 E. LAS OLAS BLVD~~ ~~PMB 120~~ ~~FORT LAUDERDALE, FL 33301~~ US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4850 NE 13TH AVE	4850 NE 13TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State: OAKLAND PARK, FL
Zip: 33334 Country: US	Zip: 33334 Country:

4. FEI Number: 20-8946996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOEMAKER, WILLIAM E ~~2400 E. LAS OLAS BLVD~~ ~~PMB 120~~ ~~FORT LAUDERDALE, FL 33301~~	Name Street Address (P.O. Box Number is Not Acceptable): 4850 NE 13TH AVE. City: OAKLAND PARK FL Zip Code: 33334

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: W. E. Shoemaker WILLIAM E. SHOEMAKER, PRES. 5-01-08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D.P. WILLIAM E. SHOEMAKER 4850 NE 13TH OAKLAND PARK, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.V. MICHAEL D. HEIM 1312 NW 13TH CT. BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.V. BRADLEY LANDERS # 2026 19TH ST. VERO BEACH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.V. BENJAMIN KOBERNA 7394 STATE RD 43 KENT, OH 44240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.V. SCOTT PATTERSON 7394 STATE RD 43 KENT, OH, 44240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.V. GREGORY ROBB 7394 STATE RD 43 KENT, OH 44240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: W. E. Shoemaker WILLIAM E. SHOEMAKER 4/30/08 954-489-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #