

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032286

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FAIRTRONIX TECHNOLOGY, INC.

## Current Principal Place of Business:

4850 NE 13TH AVE  
OAKLAND PARK, FL 33334 US

## New Principal Place of Business:

1000 CORPORATE DR.  
340  
FT. LAUDERDALE, FL 33334 US

## Current Mailing Address:

4850 NE 13TH AVE  
PMB 120  
OAKLAND PARK, FL 33334 US

## New Mailing Address:

1000 CORPORATE DR.  
340  
FT. LAUDERDALE, FL 33334 US

FEI Number: 20-8946996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOEMAKER, WILLIAM E  
4850 NE 13TH AVE  
OAKLAND PARK, FL 33334 US

## Name and Address of New Registered Agent:

SHOEMAKER, WILLIAM E  
1000 CORPORATE DR.  
340  
FT LAUDERDALE, FL 33334 US

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: \_\_\_\_\_

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SHOEMAKER, WILLIAM E  
Address: 4850 NE 13TH  
City-St-Zip: OAKLAND PARK, FL 33334

Title: DV ( ) Delete  
Name: HEIM, MICHAEL D  
Address: 1312 NW 13TH CT  
City-St-Zip: BOCA RATON, FL 33486

Title: DV ( ) Delete  
Name: BRADLEY, LANDERS  
Address: 2026 19TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: DV ( ) Delete  
Name: KOBERNA, BENJAMIN  
Address: 7394 STATE RD. 43  
City-St-Zip: KENT, OH 44240

Title: DV ( ) Delete  
Name: PATTERSON, SCOTT  
Address: 7394 STATE RD. 43  
City-St-Zip: KENT, OH 44240

Title: DV ( ) Delete  
Name: ROBB, GREGORY  
Address: 7394 STATE RD 43  
City-St-Zip: KENT, OH 44240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SHOEMAKER, WILLIAM E  
Address: 1000 CORPORATE DR., SUITE 340  
City-St-Zip: FT LAUDERDALE, FL 33334

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

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

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

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: MICHAEL HEIM

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

Date