

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

Current Mailing Address:

4850 NE 13TH AVE
PMB 120
OAKLAND PARK, 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

New Principal Place of Business:

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

New Mailing Address:

1000 CORPORATE DR.
340
FT. LAUDERDALE, 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