

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31784

FILED
Jan 07, 2007
Secretary of State

Entity Name: FAZIO INTERNATIONAL LTD., INCORPORATED

Current Principal Place of Business:

1035 S FEDERAL HIGHWAY
#217
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1207
BOCA RATON, FL 334291207 US

New Mailing Address:

FEI Number: 52-1307315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAZIO, CAROLYN R
1035 S FEDERAL HWY
APT 217
DELRAY BEACH, FL 33483 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: PD () Delete
Name: FAZIO, CHARLES R
Address: 1035 S FEDERAL HWY # 217
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD () Delete
Name: FAZIO, CAROLYN R
Address: 1035 S FEDERAL HIGHWAY STE 217
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: SPLITT, DAVID A ESQ.
Address: 6311 UTAH AVE., N.W.
City-St-Zip: WASHINGTON, DC 20015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FAZIO, CAROLYN R
Address: 1035 S FEDERAL HWY # 217
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change () Addition
Name: SPLITT, DAVID A ESQ.
Address: 6311 UTAH AVENUE NW
City-St-Zip: WASHINGTON, DC 20015

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN R FAZIO

PST

01/07/2007

Electronic Signature of Signing Officer or Director

Date