

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 050 ***150.00

DOCUMENT # P94000027328					
1. Entity Name FAIRWAYS, INC.					
Principal Place of Business 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING, MD 20901 US			Mailing Address 10770 COLUMBIA PIKE SUITE 200 SILVER SPRING, MD 20901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MACCUTCHEON, JAMES A STREET ADDRESS 10770 COLUMBIA PIKE #200 CITY-ST-ZIP SILVER SPRING, MD 20901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HANLEY, KEVIN P STREET ADDRESS 10770 COLUMBIA PIKE #200 CITY-ST-ZIP SILVER SPRING, MD 20901	<input type="checkbox"/> Delete		TITLE PIC/D NAME KEVIN P. HANLEY STREET ADDRESS 10770 COLUMBIA PIKE SUITE 200 CITY-ST-ZIP SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAST NAME WARCZAK, CHARLES G STREET ADDRESS 10770 COLUMBIA PIKE #200 CITY-ST-ZIP SILVER SPRING, MD 20901	<input type="checkbox"/> Delete		TITLE VICIT/D NAME CHARLES G. WARCAK, JR. STREET ADDRESS 10770 COLUMBIA PIKE SUITE 200 CITY-ST-ZIP SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME WILLIAMS, PAMELA M STREET ADDRESS 10770 COLUMBIA PIKE #200 CITY-ST-ZIP SILVER SPRING, MD 20901	<input type="checkbox"/> Delete		TITLE VIGIS/D NAME PAMELA M. WILLIAMS STREET ADDRESS 10770 COLUMBIA PIKE SUITE 200 CITY-ST-ZIP SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE V NAME RANDALL R. HARTIG STREET ADDRESS 10770 COLUMBIA PIKE SUITE 200 CITY-ST-ZIP SILVER SPRING MD 20901	<input type="checkbox"/> Change <input checked="" 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:			April 21, 2008 301-594-3891 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAMELA M. WILLIAMS					