


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 022 \*\*\*158.75

<b>DOCUMENT # P94000067534</b>	
1. Entity Name <b>FAKAHATCHEE RESOURCES, INC.</b>	

Principal Place of Business <b>801 ANCHOR RODE DRIVE STE 106 NAPLES FL 34103 US</b>	Mailing Address <b>801 ANCHOR RODE DRIVE STE 106 NAPLES FL 34103 US</b>
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2. Principal Place of Business <b>2390 TAMiami TRAIL N. #206 Suite, Apt. #, etc. NAPLES, FL 34103</b>	3. Mailing Address <b>← SAME 2390 Tamiami Trail</b>
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1st MOORE CR2E034 (10/05)

City & State	City & State	4. FEI Number <b>65-0524077</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>JANET KELLY 801 ANCHOR RODE DRIVE STE 106 NAPLES FL 34103</b>
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7. Name and Address of New Registered Agent Name <b>JANET KELLY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2390 TAMiami TRAIL N. #206</b> <b>NAPLES, FL 34103</b> City <b>FL</b> Zip Code
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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 *Janet Kelly* **Janet Kelly Treasurer** DATE **4/26/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**



9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VPD HARDY, ROBERT PAUL 5659 STRAND CT #101 NAPLES FL 34110</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>ST KELLY, JANET 801 ANCHOR RODE DR #106 NAPLES FL 34103</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD HARDY, ROBERT S 5659 STRAND CT STE 101 NAPLES FL 34110</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>ST KELLY, JANET 2390 TAMiami TRAIL N. #206 NAPLES FL 34103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Janet Kelly* **Janet Kelly Treasurer** DATE **4/26/06** (239) 434-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #