

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90006 015 ***150.00

DOCUMENT # P97000094154 1. Entity Name FAIRWAY PRODUCTIONS GROUP, INC.					
Principal Place of Business 308 TEQUESTA DR., #25 TEQUESTA, FL 33469			Mailing Address PO BOX 32518 WEST PALM BEACH, FL 33420		
2. Principal Place of Business - No P.O. Box # 2450 Robert D Rd.		3. Mailing Address P.O. BOX 1695			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MOUNT DORA, FL		City & State MOUNT DORA, FL		4. FEI Number 65-0792346	
Zip 32757		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMLIN, ROY C JR 308 TEQUESTA DR., #25 STE 208 PALM BEACH GARDENS, FL 33469		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2450 Robert D Rd. City MOUNT DORA FL Zip Code 32757			
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete HAMLIN, JR, ROY C 308 TEQUESTA DR., #25 TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2450 Robert D Rd. MOUNT DORA, FL 32757	
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	
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	
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	
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	
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: <u><i>Roy C Hamlin Jr</i></u>			Date <u><i>3/19/07</i></u> Daytime Phone # <u><i>561-309-8204</i></u>		