
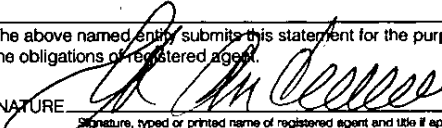
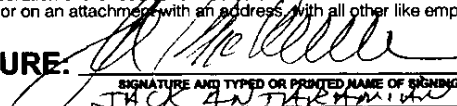


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90186 012 ***150.00

DOCUMENT # P98000044748			
1. Entity Name FAS ONE, INC.			
Principal Place of Business 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102		Mailing Address 367 WEST MAIN STR NORTHBOROUGH, MA 01532	
2. Principal Place of Business - No P.O. Box # 3530 KRAFT ROAD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State	
Zip 34105	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name: ANTARAMIAN, JACK J. Street Address (P.O. Box Number is Not Acceptable): 4500 GORDON DRIVE City: NAPLES FL Zip Code: 34102	
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:  JACK ANTARAMIAN		DATE: 4/17/07	
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	PTD ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 GORDON DRIVE NAPLES, FL 34102
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:  JACK ANTARAMIAN		DATE: 4/17/07 Daytime Phone #: 508-393-2911	

40086000



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0921766 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required