## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # P99000007047 1. Entity Name FAIRCHILD ENTERPRISES, INC. Puncipal Place of Business Mailing Arldress 11523 CORWIN STREET P.O. BOX 546 GIBSONTON FL 33534 GIBSONTON FL 33534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3553673 Not Applicable Zip Country Z:D Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAIRCHILD, LAUREN E Street Address (P.O. Box Number is Not Acceptable) 11523 CORWIN STREET GIBSONTON FL 33534 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corp. in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of reprinted notest and the hampicable. DATE (NOTE: Registered Agont eightlure required when reventiting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition Delete TITLE FAIRCHILD, ROBERT J NAME NAME STREET ADDRESS POST OFFICE BOX 546 N/A STREET ADDRESS CITY-ST-712 GIBSONTON FL 33534 CITY-ST-ZIP Delete U00000921868 □ Change 05/15/08-80024-023 150, U000000921868 TITLE ПΠЕ Addition FAIRCHILD, LAUREN E NAME NAME STREET ADDRESS POST OFFICE BOX 546 N/A STREET ADDRESS GIBSONTON FL 33534 CITY-ST-ZIP CITY-ST-ZIP Darete TITLE TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Deiele TITLE ☐ Change Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiele MLE ☐ Change Acdition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby 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 Tent with an address, with all other like empewere auren SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR