

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90001 011 \*\*\*150.00

DOCUMENT # P99000025994	
1. Entity Name FAIRWAY MANAGEMENT SYSTEMS, INC.	



Principal Place of Business 6408 W LINEBAUGH AVENUE SUITE 103 TAMPA, FL 33625	Mailing Address 6408 W LINEBAUGH AVENUE SUITE 103 TAMPA, FL 33625
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2. Principal Place of Business - No P.O. Box # 5373 Ehrlich Rd Suite, Apt. #, etc. #203-150 City & State Tampa FL Zip 33625 Country USA	3. Mailing Address 5373 Ehrlich Rd Suite, Apt. #, etc. #203-150 City & State Tampa, FL Zip 33625 Country USA
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01222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BARKER, EUGENE 11817 MARBLE HEAD DRIVE TAMPA, FL 33626		7. Name and Address of New Registered Agent Name Brett Greiveldinger Street Address (P.O. Box Number is Not Acceptable) 5673 Kingfish Dr City Lutz FL Zip Code 33558	
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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: <i>Brett Greiveldinger</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 2-20-07
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, EUGENE 6408 W LINEBAUGH AVENUE, STE 103 TAMPA, FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETT GREIVELDINGER 5673 KINGFISH DR LUTZ, FL 33558 <input checked="" 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
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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: <i>Brett Greiveldinger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-20-07 Daytime Phone # 813-961-5026 x601