

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 13, 2009  
Secretary of State**

DOCUMENT# N07000010233

Entity Name: FLORIDA FALCONS, INC.

**Current Principal Place of Business:**

2131 CENTER WAY  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

2131 CENTER WAY  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 26-2571293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOSES, JUSTIN M  
2131 CENTER WAY  
MIDDLEBURG, FL 32068      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MOSES, JUSTIN M  
Address: 2131 CENTER WAY  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP      ( ) Delete  
Name: WINGER, KIMBERLY D  
Address: 2131 CENTER WAY  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: MOSES, KIMBERLY D  
Address: 2131 CENTER WAY  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN M MOSES

P

07/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date