

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015805

FILED
Jan 15, 2011
Secretary of State

Entity Name: FALCONE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

11030 LUCKY HORSESHOE LANE
CHARLOTTE, NC 28277

New Principal Place of Business:

11456 ARDREY CREST DRIVE
CHARLOTTE, NC 28277

Current Mailing Address:

11030 LUCKY HORSESHOE LANE
CHARLOTTE, NC 28277

New Mailing Address:

11456 ARDREY CREST DRIVE
CHARLOTTE, NC 28277

FEI Number: 16-1715160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALCONE, JOHN J
19523 SKIDMORE WAY
APT 103
ESTERO, FL 33967 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: PRES
Name: FALCONE, ANTHONY J
Address: 11456 ARDREY CREST DRIVE
City-St-Zip: CHARLOTTE, NC 28277

Title: TREA
Name: FALCONE, JOHN J
Address: 19523 SKIDMORE WAY, APT. 103
City-St-Zip: ESTERO, FL 33967

Title: SECY
Name: FALCONE, MICHAEL A
Address: 11030 LUCKY HORSESHOE LANE
City-St-Zip: CHARLOTTE, NC 28277

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY J. FALCONE

PRES

01/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date