2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# P96000072311

Entity Name: FALCON TRAVEL, INC.

Current Principal Place of Business:

312 AVENUE K, S E
WINTER HAVEN, FL 33880147 US

New Principal Place of Business:

Current Mailing Address:

312 AVENUE K, SE
WINTER HAVEN, FL 33880147 US

New Mailing Address:

FEI Number: 59-3396837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLENDON, CAROLYN A
312 AVENUE K, S.E.
WINTER HAVEN, FL 33880 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAULDEN, D F
Address: 5 CYPRESS COVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: MCLENDON, CAROLYN A
Address: 1290 LAKE MIRROR DRIVE, SOUTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: MAULDEN, LORRAINE
Address: 5 CYPRESS COVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: MCLENDON, GLEN
Address: 1290 LAKE MIRROR DR SOUTH
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN MCLENDON D 03/07/2006

Electronic Signature of Signing Officer or Director Date