2006 FOR PROFIT ORPORATION

SIGNATURE:

FILED Ί

DOCUMENT # P04000071785 1. Entity Name Secreta)U6 U8:UU~AN	
FALANCO, INC.	ary of State	
Principal Place of Business Mailing Address		
724 ELKHORN ROAD 724 ELKHORN ROAD SUN CITY CENTER, FL 33573-6452 SUN CITY CENTER, FL 33573-6452		
A COMMON TO MAKE AND A STATE A		
S CONTROL OF STATE SAME SAME SAME SAME SAME SAME SAME SAM	ENDER FOREIT FRENCH STEINERS BONN WAS IN FRENCH	
01042006 No Chg-P CF	R2E034 (11/05)	
DO NOT WRITE IN THIS SPACE	Applied For	
A FEI Number Applied FG 54-2151340 Not Applied		
5. Certificate of Status Desired	\$9.75 Augus	
	Fee Required	
Name and Address of Current Registered Agent		
FALANDYSZ, RICHARD J DO NOT WRI	TE	
124 ELKHOKN RD		
SUN CITY CENTER, FL 33573 IN THIS SPACE	IN THIS SPACE	
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.	Lem familiar with and accept	
the above named entity submits this salement of the purpose of changing its registered office of registered agent, or both, in the oracle of recital the obligations of registered agent.	editioning mail over models.	
SIGNATURE Kuhal Jalange Parsiours 1-5-	0 L	
Sonature, typed or printed negly of registered agent and title if applying (NOTE: Registered Agent agressive required when reinstating) (ATE		
FILE NOWIS FEE IS \$150.00 After Way 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be O1 / 10 / 06 - 80 Added to Fees	9258 014-014 150.00	
10. OFFICERS AND DIRECTORS		
TIME PTD NAME FALANDYSZ, RICHARD J		
STREET AUDRESS 724 ELKHORN ROAD		
CITY-ST-ZP SUN CITY CENTER, FL 335738452		
TITLE SVD		
NAME FALANDYSZ, JOYCE H STRETADDRESS 724 ELKHORN ROAD	LANDYSZ, JOYCE H 4 ELKHORN ROAD	
CITY-ST-ZP SUN CITY CENTER, FL 335736452		
TITLE		
NAME		
STREET ADDRESS DO NOT WR	ITE	
IN THIS SPA	CE	
NAME IN I THIS SPA	CE	
STREET ADDRESS.		
CITY-51-2P		
TITLE NAME		
STREET ADDRESS		
1 CTV (TT ZDD)		
CITY-51-21P		
TITLE		
TITLE NAME		
TITLE		
TITLE NAME STREET ADDRESS CTIY-ST-ZIP	er certify that the information	
TITLE NAME STREET ADDRESS CTV. ST. 7D	er certify that the information that I am an officer or director lears in Block 10 or Block 11 if	

HTTED MANNE OF SIGNING OFFICER OF QUENCTOR