
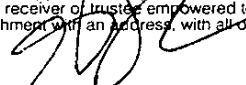


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90070 050 \*\*\*150.00

DOCUMENT # 647261			
1. Entity Name MICHAEL P. FALKOWSKI, P.A.			
Principal Place of Business 338 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114-3253		Mailing Address 338 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114-3253	
2. Principal Place of Business - No P.O. Box # 325 N. Williamson Blvd. Suite, Apt. #, etc. Suite 110		3. Mailing Address 325 N. Williamson Blvd. Suite, Apt. #, etc. Suite 110	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32114-8172	Country USA	Zip 32114-8172	Country USA
6. Name and Address of Current Registered Agent FALKOWSKI, MICHAEL P. 338N RIDGEWOOD AVE DAYTONA BEACH, FL 32018		4. FEI Number 59-1952678	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name FALKOWSKI, MICHAEL P.	
		Street Address (P.O. Box Number is Not Acceptable) 325 N. WILLIAMSON BLVD., SUITE 110 DAYTONA BEACH, FL 32114-8172	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FALKOWSKI, MICHAEL P. 338 N RIDGEWOOD AVE DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Falkowski, Michael P 325 N. Williamson Blvd., Ste. 110 Daytona Beach, FL 32114-8172 <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
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: 		Date: 2/25/08 386-259-1606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	