2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004919

Address:

City-St-Zip:

Entity Name: FALITOCLAIMS COM, INC.

FILED Apr 27, 2006 Secretary of State

y		Li divio. Colvi, il vo.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	DOUGLAS RE R, FL 34677).				
Current Mailing Address:			New Maili	New Mailing Address:		
	DOUGLAS RE R, FL 34677).				
FEI Number	: 95-4583945	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	current Registered Agent:	Name and	Address of New Registered Agent:		
	RIC DOUGLAS RE R, FL 34677). US				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,		
SIGNATU	RE:					
	Electror	ic Signature of Registered Ag	gent	Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () SEIDEL, ERIC 110 EAST DOU OLDSMAR, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	C () DICKSON, JEF 110 EAST DOU OLDSMAR, FL	GLAS RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () TRBOVICH, NIO 1110 MAPLE S ELMA, NY 140	TREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () KORGE, CHRIS 230 PALERMO CORAL GABLE	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:		Delete	Title: Name:	D () Change (X) Addition PENNINGTON, JOHN		

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.

Address:

187 CLAXTON DR City-St-Zip: OAKVILLE, ONTARIO, ON L6J 4N8 CA

SIGNATURE: LARRY C COLTON **CFO** 04/27/2006