

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F92000000539

1. Entity Name
FALCON FINANCIAL CORP.



Principal Place of Business
**2250 MCGILCHRIST ST., SE
STE. 410
SALEM, OR 97302 US**

Mailing Address
**ATTN: DEBBIE PARSON
P.O. BOX 14111
SALEM, OR 97309 US**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-1097475	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

**C T CORPORATION SYSTEM
1200 WOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000412559
02/10/06-80052-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLSON, WILLIAM E
STREET ADDRESS	2250 MCGILCHRIST ST., SE
CITY-STATE-ZIP	SALEM, OR

TITLE	S
NAME	THORN, BRUCE D
STREET ADDRESS	2250 MCGILCHRIST ST., SE
CITY-STATE-ZIP	SALEM, OR

TITLE	T
NAME	BRENDEN, NORMAN L
STREET ADDRESS	2250 MCGILCHRIST ST., SE
CITY-STATE-ZIP	SALEM, OR

TITLE	D
NAME	COLSON, WILLIAM E
STREET ADDRESS	2250 MCGILCHRIST ST., SE
CITY-STATE-ZIP	SALEM, OR

TITLE	D
NAME	THORN, BRUCE D
STREET ADDRESS	2250 MCGILCHRIST ST SE
CITY-STATE-ZIP	SALEM, OR 97302

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06
Date

503-320-7071
Daytime Phone #