

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90048 037 ***150.00

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



2. Principal Place of Business - No P.O. Box #
 2260 McGilchrist St SE

3. Mailing Address
 P.O. Box 14111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Mary Casqueiro

07062007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
 93-1097475

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLSON, WILLIAM E	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM, OR	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORN, BRUCE D	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM, OR	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRENDEN, NORMAN L	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM, OR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLSON, WILLIAM E	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM, OR	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORN, BRUCE D	
STREET ADDRESS	2250 MCGILCHRIST ST SE	
CITY-ST-ZIP	SALEM, OR 97302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2260 McGilchrist St. SE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2260 McGilchrist St. SE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2260 McGilchrist St. SE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Norman L. Brenden 7-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #