


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90062 018 \*\*\*150.00

DOCUMENT # F92000000539			
1. Entity Name FALCON FINANCIAL CORP.			
Principal Place of Business 2260 MCGILCHRIST ST SE SALEM, OR 97302 US		Mailing Address ATTN: MARY CASQUEIRO P.O. BOX 14111 SALEM, OR 97309 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 12188	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Salem OR	
Zip	Country	Zip 97309	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 WOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, BRUCE D	NAME	
STREET ADDRESS	2260 MCGILCHRIST ST SE	STREET ADDRESS	9310 NE Van Mall Drive #200
CITY-ST-ZIP	SALEM, OR 97302	CITY-ST-ZIP	Vancouver WA 98662
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L	NAME	
STREET ADDRESS	2260 MCGILCHRIST ST SE	STREET ADDRESS	9310 NE Van Mall Drive #200
CITY-ST-ZIP	SALEM, OR 97302	CITY-ST-ZIP	Vancouver WA 98662
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, BRUCE D	NAME	
STREET ADDRESS	2260 MCGILCHRIST ST SE	STREET ADDRESS	9310 NE Van Mall Drive #200
CITY-ST-ZIP	SALEM, OR 97302	CITY-ST-ZIP	Vancouver WA 98662
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Norman L. Brenden</u>		Date: <u>7/14/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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07142008 Chg-P CR2E034 (12/06)

4. FEI Number 93-1097475 Applied For Not Applicable

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