


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90024 020 ***150.00

DOCUMENT # F93000003177	
1. Entity Name FALCON ENTERPRISES, LTD., INC.	

Principal Place of Business 12995 S CLEVELAND AVE SUITE 145 FORT MYERS, FL 33907 US	Mailing Address 12995 S CLEVELAND AVE SUITE 145 FORT MYERS, FL 33907 US
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2. Principal Place of Business 12734 Kenwood Lane Suite, Apt. #, etc. # 85	3. Mailing Address 12734 Kenwood Lane Suite, Apt. #, etc. # 85
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City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907	Zip 33907
Country USA	Country USA

01202006 Chg-P CR2E034 (11/05)

4. FEI Number 36-3077883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS J. PAULUS 12995 S CLEVELAND AVE SUITE 150 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent Name 12734 Kenwood Lane #85 Street Address (P.O. Box Number is Not Acceptable) City Fort Myers FL Zip Code 33907
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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: *Thomas J. Paulus Pres.* **THOMAS J. PAULUS Pres.** 3/14/06
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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD PAULUS, THOMAS J 14220 ROYAL HARBOR CT., #707 FORT MYERS, FL 33908 <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	SV PAULUS, SUSAN J 14220 ROYAL HARBOR CT., #707 FORT MYERS, FL 33908 <input checked="" 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
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: *Thomas J. Paulus* **THOMAS J. PAULUS** 3/14/06 239-936-3416
Signature and typed or printed name of signing officer or director Date Daytime Phone #