2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12641

Entity Name: FALKINS & COMPANY, CPAS, P.A.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6301 NW 5TH WAY SUITE 1300

FT. LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

6301 NW 5TH WAY PO BOX 23038

SUITE 1300 FT. LAUDERDALE, FL 33307 US FT. LAUDERDALE, FL 33309

FEI Number: 59-2236956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FALKINS, DAVID FALKINS, DAVID M CPA 6301 NW 5TH WAY 6301 NW 5TH WAY SUITE 1300 SUITE 1300

FT. LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: DAVID M. FALKINS 04/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FALKINS, DAVID M
 Name:
 FALKINS, DAVID M CPA

 Address:
 1860 NE 54TH STREET
 Address:
 1860 NE 54TH STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33308
 City-St-Zip:
 FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID M. FALKINS PRES 04/19/2009