2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# G29200

Entity Name: FALCON FIRE PROTECTION, INC.

Current Principal Place of Business:

8690 NW 58 STREET
(PO BOX 521073, MIAMI,FL., 33152)
MIAMI, FL 33166

New Principal Place of Business:

8690 N.W. 58TH STREET
MIAMI, FL 33166

Current Mailing Address:

8690 NW 58 STREET
(PO BOX 521073, MIAMI,FL., 33152)
MIAMI, FL 33166

New Mailing Address:

P.O. BOX 521073
MIAMI, FL 33152

FEI Number: 59-2261072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, KATHLEEN M.
8690 N.W. 58 STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WEBER, KATHLEEN M,
Address: 8690 NW 58 STREET
City-St-Zip: MIAMI, FL 00000,

Title: AS ( ) Delete
Name: CARRERAS, LUIS,
Address: 7805 S.W. 88 COURT
City-St-Zip: MIAMI, FL

Title: AS ( ) Delete
Name: WISSOKER, ROBERT,
Address: 1433 MEDINA
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WEBER, KATHLEEN M
Address: 8690 NW 58 STREET
City-St-Zip: MIAMI, FL 33166

Title: AS (X) Change ( ) Addition
Name: CARRERAS, LUIS,
Address: 8690 NW 58 STREET
City-St-Zip: MIAMI, FL 33166

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN M. WEBER D/P 04/25/2007

Electronic Signature of Signing Officer or Director — Date