2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# L94881

Entity Name: A. FALSO PROPERTIES, INC.

Current Principal Place of Business:

4280 GALT OCEAN DR
#8P
FT LAUDERDALE, FL 333085425

New Principal Place of Business:

Current Mailing Address:

PO BOX 908, EASTWOOD STATION
SYRACUSE, NY 13206216 US

New Mailing Address:

FEI Number: 65-0213658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARDNER, R.M.
500 E BROWARD BLVD
SUITE 1600
FT LAUDERDALE, FL 33394 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: FALSO, ADOLPH V.
Address: 1730 VENEZIA WAY
City-St-Zip: NAPLES, FL 34105

Title: DV ( ) Delete
Name: ORLANDO, FELIPPA F
Address: 4280 GALT OCEAN DR #14R
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ST ( ) Delete
Name: VERBECK, JON S
Address: 4509 SEVEN PINES DR
City-St-Zip: CAZENOVIA, NY 13035

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: BOOK ( ) Change (X) Addition
Name: BEHLEN, SUSAN R
Address: PO BOX 908
City-St-Zip: SYRACUSE, NY 13206

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: SUSAN R. BEHLEN BOOK 05/21/2009

Electronic Signature of Signing Officer or Director — Date