## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000001373

FILED Jan 04, 2007 Secretary of State

Entity Name: FEDERAL ALLIANCE FOR SAFE HOMES - FLASH, INC.

Surrent Pri	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
1427 PIEDM	MONT DR			1427 E. PIEDMONT DR		
SUITE 2 FALLAHASSEE, FL  32308      US			SUITE 2 TALLAHA	TALLAHASSEE, FL 32308 US		
Current Mailing Address:			New Maili	New Mailing Address:		
1427 PIEDMONT DR			1427 E. Pl	1427 E. PIEDMONT DR		
SUITE 2 TALLAHASSEE, FL  32308      US			SUITE 2 TALLAHA:	SUITE 2 TALLAHASSEE, FL 32308 US		
FEI Number: 5	59-3641392	FEI Number Applied For ( ) FEI N	lumber Not App	licable ( ) C	Certificate of Status Desired ( )	
Name and <i>i</i>	Address of Cu	rrent Registered Agent:	Name and	Address of Nev	w Registered Agent:	
1427 EAST SUITE 2	-HENDERSON, PIEDMONT DF SEE, FL 32308	RIVE				
The above r n the State		bmits this statement for the purpose	of changing	its registered offic	ce or registered agent, or both,	
SIGNATURI						
	Electronic	Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Гitle: Name: Address: City-St-Zip:	PCEO () D CHAPMAN-HENDI 1427 EAST PIEDI TALLAHASSEE, F	ERSON, LESLIE MONT DRIVE SUITE 2	Title: Name: Address: City-St-Zip:	( ) Cl	hange ()Addition	
Fitle: Name: Address: City-St-Zip:	CS () D PEARCE, CECIL 5565 GLENRIDGE ATLANTA, GA 30	E CONNECTOR STE 425	Title: Name: Address: City-St-Zip:	D (X) C WHITE, GARY 2455 PACES FER ATLANTA, GA 303		
	CT () D MARTINEZ, ANDY 111-13 SOUTH M TALLAHASSEE, F	( ONROE STREET	Title: Name: Address: City-St-Zip:	D (X) C WEILAND, RICHA 5203 LEESBURG FALLS CHURCH,	PIKE # 600	
Fitle: Name: Address: City-St-Zip:	D () D BAILY, NANCY 7840 WOODLAND TAMPA, FL 3361	D CENTER BLVD.	Title: Name: Address: City-St-Zip:	D (X) C BAILY-WILLIAMS 7840 WOODLAND TAMPA, FL 3361	CENTER BLVD.	
Fitle: Name: Address: City-St-Zip:	D () D SEIBERT, STEVE 8048 EVENING S' TALLAHASSEE, F	: TAR LN	Title: Name: Address: City-St-Zip:	( ) Cl	hange ()Addition	
Γitle: Name: Address:	D () D SAFLEY, SANDY 215 S MONROE S		Title: Name: Address:	( ) Cl	hange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE CHAPMAN-HENDERSON PCEO 01/04/2007