

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005292

FILED
Mar 05, 2007
Secretary of State

Entity Name: FALCON SOUND ALLIANCE, INC.

Current Principal Place of Business:

FLANAGAN HIGH SCHOOL
12800 TAFT STREET
PEMBROKE PINES, FL 33028

Current Mailing Address:

10211 PINES BOULEVARD
PMB 214
PEMBROKE PINES, FL 33026

New Principal Place of Business:

FLANAGAN HIGH SCHOOL
12800 TAFT STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

10211 PINES BOULEVARD
PMB 214
PEMBROKE PINES, FL 33026 US

FEI Number: 65-1032914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADOLCETTA, DON
12000 N W 20TH STREET
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

OIEN, TERRI
1610 SW 120 TERRACE
PEMBROKE PINES, FL 33025 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: TERRI OIEN

03/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, DEBBIE
Address: 2050 NW 138 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD () Delete
Name: SCHMIDT, WILLIAM
Address: 2050 NW 138 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V () Delete
Name: HARRY, PAM
Address: 1520 NW 122 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V () Delete
Name: PENOV, GINNY
Address: 1172 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DT () Delete
Name: OIEN, TERRI
Address: 1610 SW 120 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: DEGENNARO, CINDY
Address: 2145 NW 140 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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

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: TERRI OIEN

DT

03/05/2007

Electronic Signature of Signing Officer or Director

Date