


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 009 ****70.00

DOCUMENT # N01000002157					
1. Entity Name FAALAS INC.					
Principal Place of Business C/O PRIMATE PRODUCTS, INC. 7780 NW 53RD STREET MIAMI, FL 33136-4102 US			Mailing Address C/O PRIMATE PRODUCTS, INC. 7780 NW 53RD STREET MIAMI, FL 33136-4102 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3164152	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADFORD, DONALD 7780 NW 53RD STREET MIAMI, FL 33136-4102			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONKLE, FAITH 4500 SAN PABLO RD JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZORRILLA, LUIS 1600 SW ARCHER RD. PO BOX 100006 GAINESVILLE, FL 32610
		<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZORRILLA, LUIS 1600 SW ARCHER RD., PO BOX 100006 GAINESVILLE, FL 32610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANKS, Robert 12443 Research Parkway Ste 207 ORLANDO, FL 32826
		<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSHATT, PENNY 101 BIOMEDICAL RESEARCH FACILITY TALLAHASSEE, FL 32306	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, UNA 12901 BRUCE B. DOWNS BLVD., MDC 20 TAMPA, FL 33612
		<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, PAUL 15140 SW 26TH ST DAVIE, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANETTA, SANDI 12901 BRUCE B. DOWNS BLVD. TAMPA, FL 33612-4799
		<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, JOHN 13000 BRUCE B. DOWNS BLVD (151) TAMPA, FL 33612	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANETTA, SANDI 12901 BRUCE B. DOWNS BLVD MDC BOX 54 TAMPA, FL 33612	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			12 APR 07 352-392-9757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		