2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N01000006787

Entity Name: THE FALLS REVIEW, INC.

Current Principal Place of Business:

C/O MS. RITA GORMAN
12345 GLEN FALLS LANE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

C/O MS. RITA GORMAN
12345 GLEN FALLS LANE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-1149695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORMAN, RITA
12345 GLEN FALLS LANE
BOYNTON BEACH, FL 33437 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUTNER, ABRAHAM
Address: 7341 POTOMAC FALLS LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD ( ) Delete
Name: FRANKEL, RONALD
Address: 7044 FALLS ROAD EAST
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete
Name: GOLDSTEIN, PHYLLIS
Address: 7374 POTOMAC FALLS LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete
Name: GORMAN, RITA S
Address: 12345 S GLEN FALLS LANE
City-St-Zip: BOYNTON BEACH, FL 33437

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS GOLDSTEIN TREA 04/23/2009
Electronic Signature of Signing Officer or Director — Date