


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90119 047 \*\*\*\*61.25

<b>DOCUMENT # N02000009768</b>	
1. Entity Name <b>ORDER OF DRAGON AND TIGER INCORPORATED</b>	

Principal Place of Business <b>1671 WALKER ST PALM BAY FL 32909</b>	Mailing Address <b>P.O. BOX 500662 MALABAR FL 32950</b>
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2. Principal Place of Business - No P.O. Box # <b>561 Lemon Grove</b>	3. Mailing Address <b>P.O. Box 121709</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Melbourne, FL</b>	City & State <b>West Melbourne, FL</b>
Zip <b>32904</b>	Zip <b>32912</b>
Country <b>Brevard</b>	Country <b>Brevard</b>

4. FEI Number <b>52-2390038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FALCON, RON 1671 WALKER ST. PALM BAY FL 32909</b>	
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7. Name and Address of New Registered Agent Name <b>Falcon, Ron</b> Street Address (P.O. Box Number is Not Acceptable) <b>561 Lemon Grove</b> City <b>West Melbourne FL</b> Zip Code <b>32904</b>	
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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 <b>Ron Falcon President</b>	DATE <b>10 April 08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALCON, RON 1671 WALKER ST. PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Falcon, Ron 561 Lemon Grove West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS-FALCON, RHONDA 1671 WALKER ST. PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hess-Falcon, Rhonda 561 Lemon Grove West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAL, WAYNE 1671 WALKER ST. PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seal, Wayne 561 Lemon Grove West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** **Ron Falcon** **Ron Falcon, President** **4/10/08** **(321) 327-3978**