


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000011497 1. Entity Name FALLSCHASE CAM, INC.	
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FILED

08 JAN 25 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1701 LEE BRANCH LANE BIRMINGHAM, AL 35242	Mailing Address 1701 LEE BRANCH LANE BIRMINGHAM, AL 35242
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01112008 Chg-NP CR2E037 (12/06)

City & State Zip	City & State Zip	Country Country
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4. FEI Number 26-1505030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D BAKER, ALEX D	<input type="checkbox"/>
NAME	1701 LEE BRANCH LANE	
STREET ADDRESS	BIRMINGHAM, AL 35242	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/>
NAME	DAY, RONALD R	
STREET ADDRESS	1701 LEE BRANCH LANE	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
TITLE	D	<input type="checkbox"/>
NAME	CARLSON, RONALD L	
STREET ADDRESS	1701 LEE BRANCH LANE	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	300116369483		
CITY-ST-ZIP	01/25/08--01039--021 ***899.75		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ 1/15/08 205 969 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #