2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 14, 2005 08:00 AM Secretary of State

DOCUMENT # P01000085266 1. Entity Name FALCONWIND CONSULTING INC.			Secretary of State
Principal Place 2920 SW 26 MIAMI, FL 3			
DO NOT WRITE IN THIS SPA		CE	04112005 No Chg-P CR2E034 (10/03) 4. FEI Number
STEEN, JOSEPH 2920 SW 26TH ST. MIAMI, FL 33133			DO NOT WRITE IN THIS SPACE
8. The above named antity 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 Signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.			.00 May Be U00000305704 04/14/05~80096~011 158.75
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. STEEN, JOSEPH 2920 SW 26 STREET MIAMI, FL 33133		A CONTRACTOR OF THE CONTRACTOR
YITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	_		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliamental 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 rectiver or (to tee empowered to execute this report as required by Chapter 607, 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 ampowered.			