2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P04000050967

Entity Name: FALLON & ASSOCIATES, INC.

Current Principal Place of Business:

8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 33637

New Principal Place of Business:

9127 WOODRIDGE RUN DR.
TAMPA, FL 33647

Current Mailing Address:

8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 33637

New Mailing Address:

9127 WOODRIDGE RUN DR.
TAMPA, FL 33647

FEI Number: 20-0906458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FALLON, TIMOTHY B PSD
9127 WOODRIDGE RUN DR.
TAMPA, FL 33647 US

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: TIMOTHY B. FALLON 01/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: FALLON, TIM
Address: 8875 HIDDEN RIVER PKWY STE 300
City-St-Zip: TAMPA, FL 33637

Title: VTD ( ) Delete
Name: FALLON, LEESA
Address: 8875 HIDDEN RIVER PKWY STE 300
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: FALLON, TIM
Address: 9127 WOODRIDGE RUN DR.
City-St-Zip: TAMPA, FL 33647

Title: VTD (X) Change ( ) Addition
Name: FALLON, LEESA
Address: 9127 WOODRIDGE RUN DR.
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY B. FALLON PSD 01/05/2005
Electronic Signature of Signing Officer or Director Date