


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 001 ***150.00

DOCUMENT # P05000080254		
1. Entity Name FALCON HOME INSPECTIONS, INC.		

Principal Place of Business 1213 SW 18 TERRACE CAPE CORAL, FL 33991 US	Mailing Address 1213 SW 18 TERRACE CAPE CORAL, FL 33991 US
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40080452



2. Principal Place of Business - No P.O. Box # 25500 ALICANTE DR.	3. Mailing Address 25500 ALICANTE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State PUNTA GORDA FL	City & State PUNTA GORDA FL
Zip 33955	Zip FL 33955
Country USA	Country USA

4. FEI Number 20-2963319	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEDRESCHI, JUAN E 1213 SW 18 TERRACE CAPE CORAL, FL 33991

7. Name and Address of New Registered Agent	
Name PEDRESCHI, JUAN E	
Street Address (P.O. Box Number is Not Acceptable) 25500 ALICANTE DRIVE	
City PUNTA GORDA	FL Zip Code 33955

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 JUAN PEDRESCHI	DATE 4/20/2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEDRESCHI, JUAN E 1213 SW 18 TERRACE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition 25500 ALICANTE DRIVE PUNTA GORDA, FL 33955
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
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 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 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 empowered.	
SIGNATURE: JUAN E. PEDRESCHI	DATE: 4/20/07 (239) 458-4044