2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078069

Entity Name: FALLING DOWN GAMES, INC.

FILED Mar 26, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3100 NE 48TH CT 1306 COCHRAN DR.

110 LAKE WORTH, FL 33461 US

LIGHTHOUSE POINT, FL 33064 US

Current Mailing Address: New Mailing Address:

3100 NE 48TH CT 1306 COCHRAN DR.

110 LAKE WORTH, FL 33461 US

LIGHTHOUSE POINT, FL 33064 US

FEI Number: 26-0499073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL, INC

5125 ADANSON ST. SUITE 500

1306 COCHRAN DR.

1306 COCHRAN DR.

ORLANDO, FL 32804 US LAKE WORTH, FL 33461 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: CHARLES E MASON 03/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete Title: PTD (X) Change () Addition

 Name:
 MASON, CHARLES E IV
 Name:
 MASON, CHARLES E IV

 Address:
 3100 NE 48TH CT APT#110
 Address:
 1306 COCHRAN DR.

 City-St-Zip:
 LIGHTHOUSE POINT, FL 33064 US
 City-St-Zip:
 LAKE WORTH, FL 33461 US

Title: STD () Delete Title: SVD (X) Change () Addition

Name: BROWN, RICKY Name: CRAWLEY, PATRICK
Address: 125 NOVA ALBION WAY Address: 2215 DUCK POND CIRCLE, APT A

Address: 125 NOVA ALBION WAY Address: 2215 DUCK POND CIRCLE, APT A
City-St-Zip: SAN RAFAEL, FL 94903 US City-St-Zip: MORRISVILLE, NC 27560 US

Title: V D (X) Delete Title: () Change () Addition Name: CRAWLEY. PATRICK Name:

 Name:
 CRAWLEY, PATRICK
 Name:

 Address:
 2215 DUCK POND CIRCLE, APT A
 Address:

 City-St-Zip:
 MORRISVILLE, NC 27560 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES E MASON PTD 03/26/2009