2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2008 8:00 am Secretary of State **DOCUMENT # P07000114872** 04-23-2008 90044 026 ***150.00 FALCO INDUSTRIES, INC. Principal Place of Business Mailing Address **475 MONTGOMERY PLACE 475 MONTGOMERY PLACE** ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME S Ame Suite, Apt. #, etc. Suite, Apt. #, etc 04182008 CR2E034 (12/06) Chg-P 4. FELNumber 26-1267747 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, GOLDBERG, LEACH & COHN, PL 475 MONTGOMERY PLACE Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS, FL 32714** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition DIMARIO, ILEANA R NAME NAME STREET ADDRESS STREET ADDRESS 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME DIMARIO, JEFF NAME STREET ADDRESS 475 MONTGOMERY PLACE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITI F TITI F ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

FILED