~2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2004 08:00 AM-DOCUMENT # P94000036420 **Secretary of State** FALCON HILL ENTERPRISES, INC. Principal Place of Business Mailing Address 234 YELLOWSTONE AVE 234 YELLOWSTONE AVE PALM BAY, FL 32907 PALM BAY, FL 32907 03292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3239005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent VANVOLKENBURGH, JOHN P DO NOT WRITE 234 YELLOWSTONE AVE PALM BAY, FL 32907 IN THIS SPACE B. 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 it applicable (NOTE. Registered Agent signature required when reinstating) Unnn00099563 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 03/31/04-80011-002 150.00 Added to Fees OFFICERS AND DIRECTORS 10. 3331E NAME VANVOLKENBURĞH, JOHN P 234 YELLOWSTONE AVE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 VD กกร VANVOLKENBURGH, LISA NAME STREET ADDRESS 234 YELLOWSTONE AVE City-SI-ZiP PALM BAY, FL 32907 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE nne STREET AGERESS C/TY-\$1-7/2 TITLE

12. Thereby 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 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 toxisee 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

ON TURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

March 28 2004

321-676-4534

Daytime Phone #

FILED