

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032895

Entity Name: SALCONS INC.

FILED  
Apr 06, 2007  
Secretary of State

## Current Principal Place of Business:

10911 BONITA BEACH RD  
208-1  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

10911 BONITA BEACH RD  
208-1  
BONITA SPRINGS, FL 34135 US

## New Principal Place of Business:

9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135 US

## New Mailing Address:

9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0576707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENSLEY, KAREN  
10911 BONITA BEACH RD  
208-1  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

HENSLEY, KAREY  
9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135 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: KAREY HENSLEY

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LORIN, STEN A  
Address: 10911 BONITA BEACH RD #2081  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete  
Name: LORIN, MAIKEN K E  
Address: 10911 BONITA BEACH RD #2081  
City-St-Zip: BONITA SPRINGS, FL 34135 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LORIN, STEN A  
Address: 9420 FOUNTAIN MEDICAL CT #101  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D (X) Change ( ) Addition  
Name: LORIN, MAIKEN K E  
Address: 9420 FOUNTAIN MEDICAL CT #101  
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LORIN STEN

D

04/06/2007

Electronic Signature of Signing Officer or Director

Date