


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90088 016 \*\*\*150.00

<b>DOCUMENT # P97000094675</b> 1. Entity Name FALCON REAL ESTATE INC.	
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Principal Place of Business 1201 OAKFIELD DRIVE BRANDON, FL 33511	Mailing Address P.O. BOX 1110 BRANDON, FL 33509-1110
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**DO NOT WRITE IN THIS SPACE**

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3483385	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCKNIGHT, WILLIAM D 1201 OAKFIELD DR BRANDON, FL 33511
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**DO NOT WRITE  
IN THIS SPACE**

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 <u>Wm McKnight</u> DATE <u>4/15/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MCKNIGHT, WILLIAM
STREET ADDRESS	P.O. BOX 1110 N/A
CITY-ST-ZIP	BRANDON, FL 33509
TITLE	S
NAME	MCKNIGHT, KATHY
STREET ADDRESS	P.O. BOX 1110 N/A
CITY-ST-ZIP	BRANDON, FL 33509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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