



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000109029 1. Entity Name FALCOM COMMUNICATIONS, INC.						FILED 06 AUG 11 PM 2:41 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
Principal Place of Business 13 NORTHEAST FIRST AVENUE OCALA, FL 34470				Mailing Address 13 NORTHEAST FIRST AVENUE OCALA, FL 34470			
2. Principal Place of Business 13 NE 1st Ave		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Ocala FL 34470		City & State Suite, Apt. #, etc.		4. FEI Number 59-3485044		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34470		Country Marion		Zip 34470		Country FL	
6. Name and Address of Current Registered Agent PRIVETT, JEANNE M 13 NORTHEAST FIRST AVENUE OCALA, FL 34470				7. Name and Address of New Registered Agent Name JOHN C PRIVETT Street Address (P.O. Box Number is Not Acceptable) 13 NE FIRST AVE City OCALA FL Zip 34470			
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 <i>John C Privett</i> JOHN C PRIVETT VP 8/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME PRIVETT, JEANNE M STREET ADDRESS 13 NORTHEAST FIRST AVENUE CITY-ST-ZIP OCALA, FL 34470				TITLE John C. Privett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vice President STREET ADDRESS 13 NE 1st Ave CITY-ST-ZIP Ocala FL 34470			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Janine P. Skipper STREET ADDRESS 13 NE 1st Ave CITY-ST-ZIP Ocala FL 34470			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE Sodi P. Boone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Deputy STREET ADDRESS 13 NE 1st Ave CITY-ST-ZIP Ocala FL 34470			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 000078761210 CITY-ST-ZIP 08/16/06--01015--019 **\$61.25			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
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.							
SIGNATURE: <i>Jeannette Privett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/7/06 <small>Date</small>			
				352-462-0055 <small>Daytime Phone #</small>			