

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

06-19-2007 90001 042 \*\*\*150.00

<b>DOCUMENT # P98000052945</b>					
1. Entity Name <b>FALLS RACING STABLES, INC.</b>					
Principal Place of Business <b>3170 S OCEAN BLVD PALM BEACH, FL 33480</b>			Mailing Address <b>580 VILLAGE BLVD STE 300 WEST PALM BEACH, FL 33409</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0843614</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GERSON, GARY N</b> <b>1645 PALM BEACH LKS BLVD STE 1200</b> <b>WEST PALM BEACH, FL 33401</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>DENHOLTZ, JACK W</b>	NAME	<b>Director Stewart Denholtz</b>		
STREET ADDRESS	<b>3170 S OCEAN BLVD</b>	STREET ADDRESS	<b>580 Village Blvd, Suite 300</b>		
CITY - ST - ZIP	<b>PALM BEACH, FL 33480</b>	CITY - ST - ZIP	<b>West Palm Beach, FL 33409</b>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del><b>PALTER, BURTON M</b></del>	NAME			
STREET ADDRESS	<del><b>2000 S OCEAN BLVD STE 5078</b></del>	STREET ADDRESS			
CITY - ST - ZIP	<del><b>PALM BEACH, FL 33480</b></del>	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: 		Date: <b>5/19/07</b>		Filing Fee: <b>561 - 242 - 0100</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

QUICK



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