2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P99000008875 1. Entity Name FALCON'S PATENT, INC. Principal Place of Business Mailing Address 6522 YOSEMITE DR. 6522 YOSEMITE DR. TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3633161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FALCON, JUAN 4411 LETO LAKES BLVD, APT. 302 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33614 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE ☐ Delete TITLE ☐ Change Addition FALCON, JUAN NAME NAME. U000000725525 4411 LETO LAKES BLVD. APT. 302 STREET ADDRESS STREET ADDRESS 05/03/07-80026-006 150.00 **TAMPA FL 33614** CITY - ST - 7IP CITY-SI-ZIP VSD IIILE Delete ☐ Change ☐ Addition RANERO, MIRTA NAME 4411 LETO LAKES BLVD. APT. 302 STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIIIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition DIF Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZJP CITY-ST-ZIP HILE ☐ Delete IIIU Change ☐ Addition NAME NAME STREET AODRESS STRUET ADDRESS CITY-ST-ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

FILED