

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000066777

1. Entity Name
FALKENBURG INVESTORS, INC.



Principal Place of Business
**C/O STEVEN M SAMAHA
201 N FRANKLIN ST SUITE 2600
TAMPA, FL 33602**

Mailing Address
**C/O STEVEN M SAMAHA
201 N FRANKLIN ST SUITE 2600
TAMPA, FL 33602**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2494295** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEHRENFELD, CRAIG E
601 BAYSHORE BLVD.
SUITE 700
TAMPA, FL 33606**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000446092
03/07/06-90075-011 150.00

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: TOAN, ROBERT
STREET ADDRESS: C/O EDWARD PASTUCHA 57 MEADOW WAY
CITY-ST-ZIP: IRVINGTON, NY 10533

TITLE: STD
NAME: HOELLER, THOMAS
STREET ADDRESS: C/O EDWARD PASTUCHA 57 MEADOW WAY
CITY-ST-ZIP: IRVINGTON, NY 10533

TITLE: AS
NAME: BEHRENFELD, CRAIG
STREET ADDRESS: 601 BAYSHORE BLVD., STE 700
CITY-ST-ZIP: TAMPA, FL 33606

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.

SIGNATURE: *Robert Toan* DATE: 2/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #