

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000070013

**FILED**  
**Nov 11, 2010**  
**Secretary of State**

**Entity Name:** FALLON MANAGEMENT CORP.

**Current Principal Place of Business:**

3071 N.W. 64TH AVENUE  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

3071 N.W. 64TH AVENUE  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:** 65-0942605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FALLON, MICHAEL P  
3071 NW 64TH AVENUE  
SUNRISE, FL 33313 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FALLON, MICHAEL  
Address: 3071 N.W. 64TH AVENUE  
City-St-Zip: SUNRISE, FL 33313

Title: VP  
Name: FALLON, TERRY  
Address: 3071 N.W. 64TH AVENUE  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL P.FALLON

PRES

11/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date