


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90185 010 ***150.00

DOCUMENT # S11767 1. Entity Name FINANCIAL ACCOUNTING ASSOCIATES, INC.					
Principal Place of Business 9900 STIRLING RD. STE 405 COOPER CITY, FL 33024 US			Mailing Address 9900 STIRLING RD. STE 405 COOPER CITY, FL 33024 US		
2. Principal Place of Business - No P.O. Box # 5722 S. FLAMINGO RD. Suite, Apt. #, etc. #262		3. Mailing Address 5722 S. FLAMINGO RD. Suite, Apt. #, etc. #262			
City & State COOPER CITY		City & State COOPER CITY			
Zip 33330		Country BROWARD		Zip 33330	
Country BROWARD		Country BROWARD			
6. Name and Address of Current Registered Agent FALCO, ROLAND D. 9900 STIRLING RD. SUITE 405 COOPER CITY, FL 33024			7. Name and Address of New Registered Agent Name FALCO, ROLAND D. Street Address (P.O. Box Number is Not Acceptable) 5722 S. FLAMINGO RD., #262 City COOPER CITY FL Zip Code 33330		
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: <u><i>RD Falco</i></u> DATE: <u>4/16/07</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PS FALCO, ROLAND D. 9900 STIRLING ROAD SUIE 211 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FALCO, ROLAND D. 5722 S. FLAMINGO RD., #262 COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FALCO, ROLAND D. 5722 S. FLAMINGO RD., #262 COOPER CITY, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FALCO, ROLAND D. 5722 S. FLAMINGO RD., #262 COOPER CITY, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FALCO, ROLAND D. 5722 S. FLAMINGO RD., #262 COOPER CITY, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FALCO, ROLAND D. 5722 S. FLAMINGO RD., #262 COOPER CITY, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>FALCO, ROLAND D.</i></u> <u><i>RD</i></u> <u>4/16/07</u> <u>954-432-8474</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>					