


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 013 ****70.00

DOCUMENT # N01000002157	
1. Entity Name FAALAS INC.	

Principal Place of Business C/O PRIMATE PRODUCTS, INC. 7780 NW 53RD STREET MIAMI, FL 33136-4102 US	Mailing Address C/O PRIMATE PRODUCTS, INC. 7780 NW 53RD STREET MIAMI, FL 33136-4102 US
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00090100



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3164152		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRADFORD, DONALD 7780 NW 53RD STREET MIAMI, FL 33136-4102		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILTSHIRE, MIKE			NAME	Bober, RAMONA		
STREET ADDRESS	101 BIO MEDICAL RESEARCH FACILITY			STREET ADDRESS	MAIL CODE 1BIO-3		
CITY-ST-ZIP	TALLAHASSEE, FL 32306			CITY-ST-ZIP	Kennedy Space Center, FL 32899		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOBER, RAMONA			NAME	CONKLE, FAITH		
STREET ADDRESS	MAIL CODE BIO-3			STREET ADDRESS	4500 SAN PABLO RD.		
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 32899			CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOIVISTO, JULIE			NAME	COSHATT, PENNY		
STREET ADDRESS	4523 CADDINGTON STREET			STREET ADDRESS	101 Biomedical Research Facility		
CITY-ST-ZIP	ENON, OH 45323			CITY-ST-ZIP	Tallahassee, FL 32306		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADFORD, DONALD			NAME	Castellano, Paul		
STREET ADDRESS	7780 NW 53RD ST			STREET ADDRESS	15140 SW. 26th St.		
CITY-ST-ZIP	MIAMI, FL 33166			CITY-ST-ZIP	DAVIE, FL 33326		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOTO, JOHN			NAME			
STREET ADDRESS	13000 BRUCE B. DOWNS BLVD (151)			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANETTA, SANDI			NAME			
STREET ADDRESS	12901 BRUCE D DOWNS BLVD MDC BOX 54			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33612			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Ramona Bober / RAMONA Bober
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05
 Date

(321) 861-2199
 Daytime Phone #