
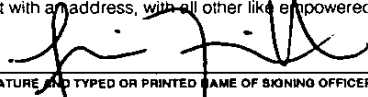


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 009 ****70.00

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| 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 | | 2. Principal Place of Business - No P.O. Box # | |
| 3. Mailing Address | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3164152 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 04042007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent BRADFORD, DONALD 7780 NW 53RD STREET MIAMI, FL 33136-4102 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | Zip Code | |
| FL | | | |
| 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, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD CONKLE, FAITH 4500 SAN PABLO RD JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZORRILLA, LUIS 1600 SW ARCHER RD. PO BOX 100006 GAINESVILLE, FL 32610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZORRILLA, LUIS 1600 SW ARCHER RD., PO BOX 100006 GAINESVILLE, FL 32610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BANKS, Robert 12443 Research Parkway Ste 207 ORLANDO, FL 32826 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COSHATT, PENNY 101 BIOMEDICAL RESEARCH FACILITY TALLAHASSEE, FL 32306 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD OWENS, UNA 12901 BRUCE B. DOWNS BLVD., MDC 20 TAMPA, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTELLANO, PAUL 15140 SW 26TH ST DAVIE, FL 33326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MANETTA, SANDI USF HSC MDC 0004 12901 BRUCE B. DOWNS BLVD. TAMPA, FL 33612-4799 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOTO, JOHN 13000 BRUCE B. DOWNS BLVD (151) TAMPA, FL 33612 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MANETTA, SANDI 12901 BRUCE D DOWNS BLVD MDC BOX 54 TAMPA, FL 33612 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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:  | | 12 APR 07 352-392-9757 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |