

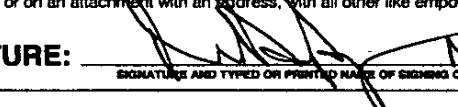


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 007 ****61.25

DOCUMENT # 730326					
1. Entity Name ARISE AND WALK, INC.					
Principal Place of Business 7124 BEACH BLVD JACKSONVILLE, FL 32216-9833			Mailing Address 7124 BEACH BLVD JACKSONVILLE, FL 32216-9833		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEMAN, JAMES V. 1909 UNIVERSITY BLVD S #708 JACKSONVILLE, FL 32218				Name DUPUIS, MICHAEL D.	
				Street Address (P.O. Box Number is Not Acceptable) 12041 ARBOR LAKE DR.	
				City JACKSONVILLE FL Zip Code 32225	
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 		MICHAEL D. DUPUIS		DATE 1/18/05	
Signature, typed or printed name of registered agent and title if applicable.		(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. <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	PTD FREEMAN, JAMES V. 1909 UNIVERSITY BLVD S #708 JACKSONVILLE FL,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRASHEARS, FRANK 1105 CARLOTTA ROAD W. JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, MARY B. 1909 UNIVERSITY BLVD S #708 JACKSONVILLE FL,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD INGLIS, MICHAEL 5886 LAKE LUCINA DRIVE JACKSONVILLE, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUPUIS, MICHAEL D. 12041 ARBOR LAKE DRIVE JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPUIS, MICHAEL D. 12041 ARBOR LAKE DR. JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE
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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: 		MICHAEL D. DUPUIS		DATE 1/17/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRES/DIRECTOR		Daytime Phone # 904-725-4826	

00000000



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1535851

Applied For
Not Applicable

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


7. Name and Address of New Registered Agent

Name
DUPUIS, MICHAEL D.

Street Address (P.O. Box Number is Not Acceptable)
12041 ARBOR LAKE DR.

City
JACKSONVILLE FL Zip Code
32225

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MICHAEL D. DUPUIS

DATE
1/18/05

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

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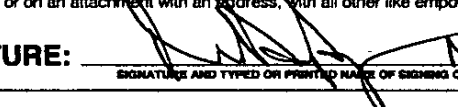
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SIGNATURE: 

MICHAEL D. DUPUIS

DATE
1/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRES/DIRECTOR

Daytime Phone #
904-725-4826