

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 04, 2011
Secretary of State**

DOCUMENT# N07000007143

Entity Name: WALK CONNECTED, INC.

Current Principal Place of Business:28129 HERRING WAY
BONITA SPRINGS, FL 34135**New Principal Place of Business:**28129 HERRING WAY
BONITA SPRINGS, FL 34135 US**Current Mailing Address:**PO BOX 110604
NAPLES, FL 34108**New Mailing Address:**

FEI Number: 26-0785505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 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: P/D
Name: KORNBLUE, BRANDON
Address: 28129 HERRING WAY
City-St-Zip: BONITA SPRINGS, FL 34135Title: P/D
Name: GRAEVE, JOSHUA
Address: 9650 VICTORIA LN #301
City-St-Zip: NAPLES, FL 34120 USTitle: S/D
Name: MINISCI, MICHELLE
Address: 9580 VICTORIA LN #208
City-St-Zip: NAPLES, FL 34109 USTitle: CARE
Name: MEYER, ALICIA
Address: PO BOX 66
City-St-Zip: ESTERO, FL 33929 USTitle: EVNT
Name: MILLAR, BEN
Address: 522 100TH AVE N
City-St-Zip: NAPLES, FL 34108 USTitle: CG
Name: MCCLEAF, DAVID
Address: 16081 SOUTH PEBBLE LANE
City-St-Zip: FT. MYERS, FL 33912 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRANDON KORNBLUE

P/D

10/04/2011

Electronic Signature of Signing Officer or Director

Date