

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134576

Entity Name: UWALKTHEMALL INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

3136 S.E. 16TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3136 S.E. 16TH PLACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-5761214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGINS, SHARNA A
2306 CHRISTOPHER AVE.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

COGGINS, SHARNA A
1104 SE 8TH ST.
CAPE CORAL, FL 33908 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SERVIS, KAREN L
Address: 3136 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: SERVIS, MARK D
Address: 3136 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: SERVIS, MARK D
Address: 3136 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: SERVIS, KAREN L
Address: 3136 S.E. 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN SERVIS

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date