2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 8:00 am Secretary of State **DOCUMENT #346657** 01-08-2007 90255 029 ***150.00 IRA WALDEN & SONS, INC. Mailing Address Principal Place of Business 6212 GEORGIA AVENUE **6212 GEORGIA AVENUE** WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-1271320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMAN, HERMAN Street Address (P.O. Box Number is Not Acceptable) 6561 WILSON ROAD WEST PALM BEACH, FL 33413 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE 🕻 TITLE ☐ Delete Change Addition COLEMAN, HERMAN NAMF NAME STREET ADDRESS 6561 WILSON ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL CITY-ST-ZIP ☐ Delete TITLE Addition Coleman, Eric 106 Stirrup Lane Royal Palm Beach, 71 NAME COLEMAN, ERIC STREET ADDRESS 160 SARATOGA LAKES BLVD EAST STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY - ST - ZIP TITLE ☐ Delete TITLE COLEMAN, MARIE NAME NAME STREET ADDRESS 6561 WILSON RD STREET ADDRESS CITY-ST-ZIP WPB, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

OF SIGNING OFFICER OR DIRECTOR

FILED