
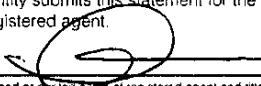
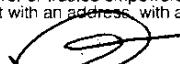


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90034 009 ***150.00

DOCUMENT # F06000000151 1. Entity Name WALDEN VENTURES, LTD, CO.					
Principal Place of Business 1333 BEACON CIRCLE WELLINGTON, FL 33414			Mailing Address C/O FISCHMAN & ASSOCIATES, LTD 3255 N. ARLINGTON HTS. RD. #503 ARLINGTON HEIGHTS, IL 60004		
2. Principal Place of Business - No P.O. Box # 17748 Charnwood Road		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State		4. FEI Number 04-3675816	
Zip 33498		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLZHAUER, ADAM 1333 BEACON CIRCLE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Holzhauser, Adam Street Address (P.O. Box Number is Not Acceptable) 17748 Charnwood Road City Boca Raton FL Zip Code 33498		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		Adam Holzhauser <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 5/1/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLZHAUER, ADAM 1333 BEACON CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Holzhauer, Adam 17748 Charnwood Road Boca Raton, FL 33498
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLZHAUER, HAVA 1333 BEACON CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Holzhauer, Hava 17748 Charnwood Road Boca Raton, FL 33498
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Adam Holzhauser		Date 5/1/08	
Devine Phone # 561.503.0322					