

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002779

FILED
May 13, 2005
Secretary of State

Entity Name: WALK WORTHY, INC.

Current Principal Place of Business:

44344 CROSS COUNTRY BLVD.
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

44344 CROSS COUNTRY BLVD.
ALTOONA, FL 32702

New Mailing Address:

FEI Number: 59-3192276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, MARC R
44344 CROSS COUNTRY BLVD.
ALTOONA, FL 32702 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, MARC PRES.
Address: 44344 CROSS COUNTRY BLVD.
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: WHITE, SANDRA VP
Address: 44344 CROSS COUNTRY BLVD
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: BALAGIA, BUDDY
Address: 508 MARK RUN
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: THOMPSON, SAM
Address: 2303 SWEETAIRE CT
City-St-Zip: APOPKA, FL 32712

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 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA K. WHITE

VP

05/13/2005

Electronic Signature of Signing Officer or Director

Date