


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004013 1. Entity Name HIS WALK, INC.	
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Principal Place of Business 711 W. INDIANTOWN RD A4 JUPITER, FL 33458 US	Mailing Address 711 W. INDIANTOWN RD A4 JUPITER, FL 33458 US
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01312006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0768185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILEY, ROY 711 W. INDIANTOWN RD SUITE A4 JUPITER, FL 33458
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000424189
02/18/06-80038-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUTIER, SANDY 3860 N.E. 14TH AVE. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKUM, DIANE 14641 MADISON PL DAVE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DIANE 3230 N.E. 27TH TERRACE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POATTEN, CARRIE 312 SE 8TH AVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANTIS, PATRICIA 9351 NW 37TH MANOR SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Sandy Cloutier **SANDY CLOUTIER** 2/2/06 954-525-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #