


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000004013</b>	
1. Entity Name <b>HIS WALK, INC.</b>	

Principal Place of Business <b>711 W. INDIANTOWN RD A4 JUPITER, FL 33458 US</b>	Mailing Address <b>711 W. INDIANTOWN RD A4 JUPITER, FL 33458 US</b>
--	--



01202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>WILEY, ROY 711 W. INDIANTOWN RD SUITE A4 JUPITER, FL 33458</b>
--

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

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

U00000600696  
01/26/07-80019-023 61.25

**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:** Sandra Cloutier **SANDRA CLOUTIER** 1/20/07 954-525-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #