2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004013

Entity Name: HIS WALK, INC.

City-St-Zip:

SUNRISE, FL 33351

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
711 W. INI	DIANTOWN R	D			
A4 JUPITER,	FL 33458 l	JS			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	_		J		
711 W. INI A4	DIANTOWN R	D			
JÜPITER,	FL 33458 l	JS			
FEI Number	: 65-0768185	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
SUITE A4 JUPITER,	DIANTOWN R FL 33458 US				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () CLOUTIER, SA 3860 N.E. 14TH POMPANO BEA	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () NICKUM, DIAN 14641 MADISC DAVIE, FL 333	N PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JONES, DIANE 3230 N.E. 27TH	Delete HTERRACE POINT, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POATTEN, CAP 312 SE 8TH AV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () MANTIS, PATR		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: SANDY CLOUTIER D 01/26/2009