


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90011 034 ***150.00

DOCUMENT # P00000008941 1. Entity Name WALNET, INC.	
---	---

Principal Place of Business 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 US	Mailing Address 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137 US
---	---

DO NOT WRITE IN THIS SPACE

40046641



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1035565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALPRYN, ERNEST M
4400 BISCAYNE BLVD., SUITE 950
MIAMI, FL 33137

**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 _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, ERNEST M 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALPRYN, GLENN L 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOERNER, JUDITH A 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISBERG, ALAN J 2500 NORTH MILITARY TRAIL, STE 206 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 4400 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33137
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 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:  ERNEST M. HALPRYN, PRESIDENT 2/25/08 (305) 573-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #