

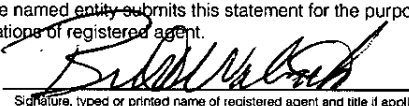
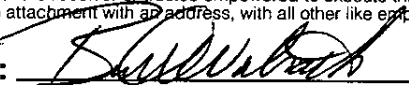


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 039 ***150.00

DOCUMENT # P02000000990					
1. Entity Name B. WALRATH, INC.					
Principal Place of Business 2600 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713			Mailing Address 2600 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business 4912 Creekside Drive Suite, Apt. #, etc.		3. Mailing Address 4912 Creekside Drive Suite, Apt. #, etc.		94045662 	
City & State Clearwater, Florida		City & State Clearwater, Florida		4. FEI Number 01-0555018	
Zip 33760		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALRATH, BRETT 2600 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713				Name Street Address (P.O. Box Number is Not Acceptable) 4912 Creekside Drive City Clearwater FL Zip Code 33760	
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:  (BRETT walrath) DATE: 4/5/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> -- Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALRATH, BRETT 2600 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walrath, Brett 4912 Creekside Drive Clearwater, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  (Brett walrath) DATE: 4/5/2004 DAYTIME PHONE #: 894-6520 (727)					