


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000000990</b>		
1. Entity Name B. WALRATH, INC.		
Principal Place of Business 4912 CREEKSIDE DRIVE CLEARWATER, FL 33760	Mailing Address 4912 CREEKSIDE DRIVE CLEARWATER, FL 33760	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WALRATH, BRETT 4912 CREEKSIDE DRIVE CLEARWATER, FL 33760		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALRATH, BRETT 4912 CREEKSIDE DRIVE CLEARWATER, FL 33760	
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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: <u>Brett Walrath</u> (Brett Walrath)		Date <u>4/12/06</u> 727-894-6520 <small>Daytime Phone #</small>



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0555018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

UD00000509372  
04/28/06-20043-002 150.00

**DO NOT WRITE  
IN THIS SPACE**