

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096943

Entity Name: WALHAM, INC.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

2767 N HIAWASSEE RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

1517 E HILLCREST ST
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 46-0505345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYRUS, ROBERT R
214-A NORTH THIRD STREET
LEESBURG, FL 32748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON, WALLACE K
Address: 19146 PARK PLACE BOULEVARD
City-St-Zip: EUSTIS, FL 32736

Title: DS () Delete
Name: NELSON, SHARON
Address: 19146 PARK PLACE BOULEVARD
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NELSON, WALLACE K
Address: 13450 BONICA WAY
City-St-Zip: WINDERMERE, FL 34786

Title: DS (X) Change () Addition
Name: NELSON, SHARON
Address: 13450 BONICA WAY
City-St-Zip: WINDERMERE, FL 34786

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE NELSON

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date