


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000103525</b> 1. Entity Name KIRT WALDEN&ASSOCIATES, INC.	
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Principal Place of Business 170 CYPRESS CLUB DRIVE APT. 712 POMPAÑO BEACH, FL 33060	Mailing Address 170 CYPRESS CLUB DRIVE APT. 712 POMPAÑO BEACH, FL 33060
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3714135

Applied F  
Not Appl

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WALDEN, KIRT  
170 CYPRESS CLUB DRIVE  
APT. 712  
POMPAÑO BEACH, FL 33060

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDEN, KIRT 170 CYPRESS CLUB DRIVE APT. 712 POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDEN, ELISA A 1809 TURNSTONE CT MURFREESBORO, TN 37128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000186298  
01/21/05-80039-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kirt Walden* - *Ass* *Kirt Walden* 1/15/05 954-478-6123