2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachr.

SIGNATURE:

Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P03000107856 1. Entity Name J. P. WALSH & ASSOCIATES, INC. Principal Place of Business Mailing Address 1018 NORTHVIEW ST 1018 NORTHVIEW ST PT CHARLOTTE, FL 33952 PT CHARLOTTE, FL 33952 CR2E034 (11/05) No Chg-P 03282007 DO NOT WRITE IN THIS SPACE Applied For 06-1710030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALSH, JEFFERY P DO NOT WRITE 1018 NORTHVIEW ST PT CHARLOTTE, FL 33952 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. πιε WALSH, JEFFERY P NAME STREET ADDRESS 1018 NORTHVIEW ST PT CHARLOTTE, FL 33952 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier

with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED