

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121286

FILED
May 29, 2009
Secretary of State

Entity Name: WALTER'S HOME IMPROVEMENTS, INC

Current Principal Place of Business:

2911 NORTH 11ST
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2911 NORTH 11ST
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-0339996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOZA, WALTER
2911 NORTH 11ST
TAMPA, FL 33605 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ESPINOZA, LUIS A
Address: 2911 NORTH 11 ST
City-St-Zip: TAMPA, FL 33605

Title: P () Delete
Name: ESPINOZA, WALTER
Address: 2911 NORTH 11 ST
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER ESPINOZA

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05/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date