

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123077

Entity Name: WALSUEN INVESTMENTS, INC.

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

32801 HWY 441 N
207
OKEECHOBEE, FL 34972

Current Mailing Address:

32801 HWY 441 N
207
OKEECHOBEE, FL 34972

New Principal Place of Business:

32801 HWY 441 N
293
OKEECHOBEE, FL 34972

New Mailing Address:

32801 HWY 441 N
293
OKEECHOBEE, FL 34972

FEI Number: 51-0488964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, MITCHEL A
32801 HIGHWAY 441 NORTH #207
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

WALKER, MITCHEL A
32801 HIGHWAY 441 NORTH #293
OKEECHOBEE, FL 34972 US

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: MITCHEL WALKER

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, MITCHEL A
Address: 32801 HIGHWAY 441 NORTH #207
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD () Delete
Name: WALKER, MITCHEL A
Address: 32801 HIGHWAY 441 NORTH #207
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, MITCHEL A
Address: 32801 HIGHWAY 441 NORTH #293
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD (X) Change () Addition
Name: WALKER, MITCHEL A
Address: 32801 HIGHWAY 441 NORTH #293
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MITCHEL WALKER

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date