2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P04000005281

Entity Name: SHERLYN WAGHALTER, PA

Current Principal Place of Business:

911 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

836 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Current Mailing Address:

911 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Mailing Address:

836 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

FEI Number: 20-0575875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGHALTER, SAM
911 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

WAGHALTER, SAM
836 GULF BREEZE PKWY
GULF BREEZE, FL 32561 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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WAGHALTER, SHERLYN
Address: 911 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: WAGHALTER, SAMUEL
Address: 911 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WAGHALTER, SHERLYN
Address: 836 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

Title: D (X) Change ( ) Addition
Name: WAGHALTER, SAMUEL
Address: 836 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

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: SAM WAGHALTER D 03/24/2009
Electronic Signature of Signing Officer or Director — Date