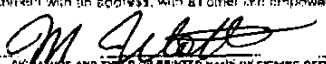


**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90001 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000061732</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                               |                                                                              |
| 1. Entity Name<br>WALTERS HOME REPAIR & FURNISHING INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                |                                                                              |
| Principal Place of Business<br>2451 NW 182 TERRACE<br>OPA LOCKA, FL 33056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | Mailing Address<br>2451 NW 182 TERRACE<br>OPA LOCKA, FL 33056                                                                                                                  |                                                                              |
| 2. Principal Place of Business<br>734 Bahia Circle<br>Suite, Apt #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 3. Mailing Address<br>734 Bahia Circle<br>Suite, Apt #, etc                                                                                                                    |                                                                              |
| City & State<br>Ocala, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | City & State<br>Ocala, FL                                                                                                                                                      |                                                                              |
| Zip<br>34472                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country<br>Marion               | Zip<br>34472                                                                                                                                                                   | Country<br>Marion                                                            |
| 04292005 Chg-P CR2E034 (10/03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 4. FEI Number<br>20-2757968                                                                                                                                                    |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | \$8.75 Additional Fee Required                                                                                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br>WALTERS, MICIAH<br>2451 NW 182 TERRACE<br>OPA LOCKA, FL 33056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 7. Name and Address of New Registered Agent<br>Name: WALTERS, MICIAH<br>Street Address (P.O. Box Number is Not Acceptable): 734 Bahia Circle<br>City: Ocala FL Zip Code: 34472 |                                                                              |
| 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: _____ (NOTE: Registered Agent signatures required when indicated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                          |                                                                              |
| NAME<br>WALTERS, MICIAH<br>STREET ADDRESS<br>2451 NW 182 TERRACE<br>CITY-STATE-ZIP<br>OPA LOCKA, FL 33056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete | NAME<br>734 Bahia Circle<br>STREET ADDRESS<br>Ocala FL 34472                                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>WALTERS, BASIL<br>2451 NW 182 TERRACE<br>OPA LOCKA, FL 33056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(d), 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 if changed, or on an attachment with an address, with all other like empowered. |                                 |                                                                                                                                                                                |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 5/30/05                                                                                                                                                                        |                                                                              |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Date                                                                                                                                                                           |                                                                              |