

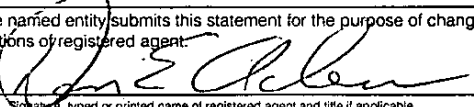
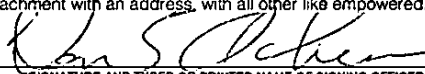


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 013 ***158.75

DOCUMENT # P04000115971 1. Entity Name ACKERMAN-WALDEN, INC.					
Principal Place of Business 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108 US			Mailing Address 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108 US		
2. Principal Place of Business 24311 Walden Center Drive Suite, Apt. #, etc. Suite 300		3. Mailing Address 24311 Walden Center Drive Suite, Apt. #, etc. Suite 300			
City & State Bonita Springs, FL		City & State Bonita Springs, FL		02212005 Chg-P CR2E034 (10/03)	
Zip 34134		Country USA		4. FEI Number 20-1491822	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent NICI, JAMES R ESQ. 1185 IMMOKALEE RD. SUITE #110 NAPLES, FL 34110					
7. Name and Address of New Registered Agent Name Don E. Ackerman Street Address (P.O. Box Number is Not Acceptable) 24311 Walden Center Drive, Suite 300 City Bonita Springs FL Zip Code 34134					
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:  President, Ackerman-Walden, Inc. 2/21/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ACKERMAN, DON E 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP <input checked="" type="checkbox"/> Delete ACKERMAN, DON E 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T <input checked="" type="checkbox"/> Delete ACKERMAN, DON E 8477 BAY COLONY DRIVE UNIT #501 NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ackerman, Don E. 24311 Walden Center Drive, Suite 300 Bonita Springs, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ackerman, Michael A. 15 Cherry Hills Park Drive Cherry Hills Village, CO 80113				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Ackerman, Virginia Jean 8477 Bay Colony Drive, Unit 501 Naples, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-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(3)(i), 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:  2/21/05 (239) 949-5160 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					