


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90226 035 \*\*\*150.00

<b>DOCUMENT # P04000135778</b>		
1. Entity Name WALTER HAYES, INC.		

60001616



01112006 Chg-P CR2E034 (11/05)

Principal Place of Business 5655 LAGO VILLAGGIO WAY NAPLES, FL 34104	Mailing Address 5655 LAGO VILLAGGIO WAY NAPLES, FL 34104
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2. Principal Place of Business 4573 ENTERPRISE AVE Suite, Apt. #, etc. 7	3. Mailing Address 4573 ENTERPRISE AVE Suite, Apt. #, etc. 7
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City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34104	Country USA

4. FEI Number 52-1561022	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INCORVATI, TONY R 4573 ENTERPRISE AVE. #7 NAPLES, FL 34104	
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7. Name and Address of New Registered Agent	
Name ALYSSA HAYES	
Street Address (P.O. Box Number is Not Acceptable) 5655 LAGO VILLAGGIO WAY	
City NAPLES	FL 34104

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 Alyssa Hayes  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, WALTER 4619 MEADOWCLIFF RD GLEN ARM, MD 21057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. WALTER HAYES 5655 LAGO VILLAGGIO WAY NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CEBALLOS, FRANCISCO 15 HOGARTH CIRCLE, APT. 1 COCKEYSVILLE, MD 21030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. FRANCISCO CEBALLOS 4478 28TH AV SW NAPLES, FL 34116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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: WALTER HAYES 1/11/06 239-643-4960  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

WALTER HAYES, PRES.