


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90001 011 \*\*\*150.00

DOCUMENT # P05000004544	
1. Entity Name MINWAL, INC.	

Principal Place of Business 8 BELLEVUE BLVD - # 701 BELLEAIR, FL 33756	Mailing Address 8 BELLEVUE BLVD - # 701 BELLEAIR, FL 33756
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40103540



2. Principal Place of Business 1367 MLKING JR AVE Suite, Apt. #, etc.	3. Mailing Address 1367 MLKING JR AVE Suite, Apt. #, etc.
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09062006 Chg-P CR2E034 (11/05)

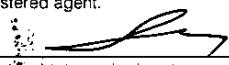
City & State DUNEDIN FL	City & State DUNEDIN FL
Zip 34698	Zip 34698
Country	Country

4. FEI Number	<input checked="" type="checkbox"/> 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 LA BELLE, RICHARD ESQ 3446 LAKE DR PALM HARBOR, FL 34698	
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7. Name and Address of New Registered Agent Name SOLOMON MINE Street Address (P.O. Box Number is Not Acceptable) 1367 MLKING JR AVE City DUNEDIN FL Zip Code 34698	
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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  Signature, typed or printed name of registered agent and title if applicable	SOLOMON MINE (NOTE: Registered Agent signature required when reinstating) 9/7/06 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINE, SOLOMON 1367 MARTIN LUTHER KING JR AVE DUNEDIN, FL 34698 <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	D WALTER, GARY 292 BRIGHTON DR BEAconsFIELD, QUEBEC, CANADA, H9W 5Y6 <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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9/7/06 727-738-0081 Date Daytime Phone #
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