2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 8:00 am Secretary of State

| DOCUMENT # P05000034825 1. Entity Name WALCH REAL ESTATE, INC. | | | | | 03-28-2006 90132 010 ***150.00 | | | |
|---|---|---|---|---|---|--|---|--|
| 918 SE-34T | ce of Business H STRES T <u>FI 339</u> 04 | Mailing Address 918 SE 34TH STREET CAPE CURAL, FL 33904 | | | | 50 | 006367 | |
| | Place of Business 3 SW 26 th C+ #, etc. | 3. Mailing Address 3 9/8 SW 2 Suite, Apt. #, etc. | 26th Co | 031420 | 06 Chg-P | CR2E034 (11/0 | | |
| City & Stat | | City & State Coval | 156 | 4. FEI Nu | 2495076 | | Applied For Not Applicable | |
| Zip 3.3_9. | Country | 3 BQ 14 | Country US | | cate of Status Desired | \$8.75 A | Additional | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 48H PLOOR | | | | Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SW 22679 C+, | | | | |
| 4447100R -MIAMI, FL 33145 | | | | | | | | |
| | | | City | CAPE C | hue / | FL Zip Q | ode | |
| 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, volco or printed name of legistered agent and bitle if applicable. (NOTE: Registered Agent signature required when remaining) 3/24/66 Diffe | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | | _ | | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | NS/CHANGES TO OFF | ICERS AND DIRECTO | ORS IN 11 | |
| TITLE NAME | PTD WALCH, TIMOTHY J | ☐ Delete | TITLE NAME | PTD | , TimoTHY | Change | e 🔲 Addition | |
| STREET ADDRESS | -918 SE 34TH STREET | j | STREET ADDRESS | WASCI | , //morny | , | | |
| CITY-ST-ZIP _ | S S S S S S S S S S S S S S S S S S S | | CITY-SI-ZIP | | | | <u>_</u> | |
| NAME | DONNER, RICHARD A | ☐ Delete | TITLE NAME | PONNE | R RICHAN proporate (myers 1 | Change | e Addition | |
| STREET ADDRESS CITY-ST-ZIP | 918 SE 34TH STREET CAPE CORAL FL 33994 | | STREET ADDRESS CITY+ST-ZIP | 6339 6 | orporate C | 14 #118 | _ | |
| TITLE | | ☐ Delete | TITLE | /-0/1 | myers 1- | Change | e 🗆 Addition | |
| NAME - | | | NAME | _ | | Criange | · Divoqual | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY+ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | ·-···································· | ☐ Change | e 🔲 Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | e 🔲 Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | e Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| I hereby of indicated of the corchanged, | certify that the information supplied with to on this report or supplemental reports poration or the receiver or trustee entropy or on an attachment with an address, w | this filing does not qualify for the true and accurate and that my s well of to execute this report as ith all other like empowered. | le exemptions co signature shall ha required by Cha | ontained in Chapter ave the same legal e pter 607, Florida Sta | 119, Florida Statutes. I ffect as if made under c tutes; and that my name | further certify that the path; that I am an office appears in Block 10 | information er or director or Block 11 if | |