2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

TITLE PRES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES I DEUT Delet Delete IIILE	DOCUMENT # P05000036659 1. Entity Name THE CHARLES WALDEN AGENCY, INC.						08-28-2006 90003 002 ***150.00			
2. Principal Place of Business 3. Melling Address 2006 2006 2007 2006 2007 2006 2007	Principal Place o	of Business	Mailing Address		····	7	•	E0020540		
Sure, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. O7282006 Chg.P CR2E034 (11/05)	950 EAST KINGSFIELD ROAD			950 EAST KINGSFIELD ROAD				UFCBAUUG		
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City & State Country C	2. Principal Place of Business 3		_	Mailing Address						
Zip Country Zip Country 5. Centificate of Status Desired \$8.75 Additional Fee Required Agent \$8.75 Additional Fee Required Agent Address of New Registered Agent \$8.75 Additional Fee Required Agent \$8.75 Additional	Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		07262006	Chg-P	CR2E034 (11/05)		
Size Address of Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Size Address of New Registered Agent Name Size Address of New Registered Agent Name Size Address of New Registered Agent Name Name Name Name Name Name Name Size Address of New Registered Agent Name Name Size Address of New Registered Agent Name Nam	City & State		City & State	City & State		1		}	··-	
Name and Address of Current Registered Agent Name Na	Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired			
WALDEN, CHARLES 950 EAST KINGSFIELD ROAD CANTONMENT, FL 32533 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent and tale il applicable (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent and tale il applicable (NOTE Registered Agent signature required when hamiliar with and accept the obligations of registered agent and tale il applicable (NOTE Registered Agent signature required when hamiliar with and accept the obligations of registered agent. Or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent and tale il applicable (NOTE Registered Agent signature required when hamiliar with, and accept the obligation of the prior of the prior notice. FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change Addition NAME SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change Addition NAME SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INTEL ORANGE AGENT A		6. Name and Address of Current I	 		1	7. Name and	Address of New I		·a	
Sireet Address (P.O. Box Number is Not Acceptable) CANTONMENT, FL 32533 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SOCIALLY, Tree in the State of Florida and the statement for the purpose of changing its registered agent grows or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SOCIALLY, Tree in the State of Florida. I am familiar with, and accept the object of registered agent grows or registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both in the State of Florida. I am familiar with, and accept agent, or both in the State of Florida. I am familiar with, and accept agent, or both in the State of Florida. I am familiar with, and accept agent, or both in the State of Florida. I am familiar with, and accept agent agent agent, or both in the State of Florida. I am familiar with, and		V. Harry Grant Manager of Carrons			Name					
City FL Zip Code	950 EAST KINGSFIELD ROAD				Street Address (P.O. Box Number is Not Acceptable)					
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 termitiar with, and accept the obligations of registered agent. SIGNATURE SOUNDED TO THE PROPERTY OF PROPERTY	CANTONNE	INT, FE 32333								
SIGNATURE Signature, right of promote name of registered agent and table applicable. (NOTE: Registered Agent signature required when rematicing) FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Prust Fund Contribution. OFFICERS AND DIRECTORS Trust Fund Contribution. Delete Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES T					City			FL Zip Cod	le	
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Due by September 6, 2006 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.				-						
TITLE PRES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES I DEUT Delet Delete IIILE	l • · · .					5.00 May Be dded to Fees	In accordance corporation did	with s. 607.193(2)(b), I not receive the prior	F.S., the notice.	
NAME STREET ADDRESS CHY-SI-ZIP CHARLES WALDRY 9 SO E KIN9SFIRLD RD CHARDWENT FL 32S33 CITY-SI-ZIP CHARDWESS CIT			DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
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12. Thereby 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	ļ	rtify that the information supplied with	this filing does not qualify for	or the ex	emptions contain	ed in Chapter 11	9, Florida Statutes	I further certily 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 it 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:	alla	8-23-0	6
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #