

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 12, 2006 8:00 am
Secretary of State

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1. Entity Name CAPWALT INCORPORATED																																																																																																																																			
Principal Place of Business P.O. BOX 990927 NAPLES, FL 34116			Mailing Address P.O. BOX 990927 NAPLES, FL 34116																																																																																																																																
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
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6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																															
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351				Name <u>Debra Walters</u> Street Address (P.O. Box Number is Not Acceptable) <u>2933 Inlet Cove Lane East</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34120</u>																																																																																																																															
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 <u>[Signature]</u> DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> P CAPIZZI, AIXA P.O. BOX 990927 NAPLES, FL 34116 </td> <td style="width: 10%; padding: 2px; text-align: right;"> ☐ Delete </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> VP WALTERS, DEBRA P.O. 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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: <u>[Signature]</u> <u>Debra Walters</u> <u>2/1/06</u> <u>239-825-3638</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			