2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014123

FILED Jan 06, 2009 Secretary of State

Entity Name: FIFTH WALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 909 W RAMBLA ST TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** PO BOX 280152 TAMPA, FL 33682 FEI Number: 20-4335278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, DEBORA A ESQ REVILLE, EDWARD R 909 W RÁMBLA ST 5946 MAIN STREET NEW PORT RICHEY, FL 34652 TAMPA, FL 33612 US US 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. SIGNATURE: EDWARD R REVILLE 01/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPS () Delete Title: () Change () Addition BAYNARD, ROBERT S Name: Name: 6215 FLORIDA AVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: DVT () Delete Title: () Change () Addition Name: REVILLE, EDWARD Name: Address: Address: PO BOX 2494 TARPON SPRINGS, FL 34688 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD R REVILLE DVT 01/06/2009