



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000132070 1. Entity Name WILLY WALT, INC.						FILED 07 FEB 12 PM 2:54 FLORIDA DEPT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2390 26TH AVENUE NORTH ST. PETERSBURG, FL 33713 US				Mailing Address P.O. BOX 8429 SEMINOLE, FL 33775 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 204 37th Ave N #424		02072007 Chg-P CR2E034 (12/06)			
City & State St. Petersburg FL		City & State St. Petersburg FL		4. FEI Number 56-2615525			
Zip 33704		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOSTBROCK, JEFF 2390 26TH AVENUE NORTH ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Mark Ingles Street Address (P.O. Box Number is Not Acceptable) 2390 10460 Roosevelt Blvd #306 City St. Petersburg FL Zip Code 33716			
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><i>Mark Ingles</i></u> DATE <u>2/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input checked="" type="checkbox"/> Delete NAME WOSTBROCK, JEFF STREET ADDRESS 2390 26TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33713				TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Mark Ingles STREET ADDRESS 10460 Roosevelt Blvd #306 CITY-ST-ZIP St. Petersburg FL 33716			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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><i>Mark Ingles</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							