

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043055

FILED
Jan 26, 2009
Secretary of State

Entity Name: OPERABLE WALLS OF FLORIDA, INC.

Current Principal Place of Business:

1313 OAK SPRINGS PLACE
LAKE MARY, FL 32746

New Principal Place of Business:

645 TRENIA ANN LANE
ORANGE CITY, FL 32763

Current Mailing Address:

1313 OAK SPRINGS PLACE
LAKE MARY, FL 32746

New Mailing Address:

645 TRENIA ANN LANE
ORANGE CITY, FL 32763

FEI Number: 26-2647887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERIDAN, TROY
1313 OAK SPRINGS PLACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CIANCHETTI, MARK
645 TRENIA ANN LANE
ORANGE CITY, FL 32763 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: MARK CIANCHETTI

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSKAFT, KRISTIAN
Address: 1491 TRAE LANE
City-St-Zip: LITHIA SPRINGS, GA 30122

Title: VP (X) Delete
Name: SHERIDAN, TROY
Address: 1313 OAK SPRINGS PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: BURTON, CHAD
Address: 1491 TRAE LANE
City-St-Zip: LITHIA SPRINGS, GA 30122

Title: SEC () Delete
Name: ROSKAFT, KRISTIAN
Address: 1491 TRAE LANE
City-St-Zip: LITHIA SPRINGS, GA 30122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KRISTIAN ROSKAFT

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date