2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # P92000012340** 1. Entity Name N & A WALDEN, INC. Principal Place of Business Mailing Address 196 MARTIN CIRLCE 196 MARTIN CIRLCE ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 CR2E034 (11/05) 04082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0385128 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WALDEN, NICKI B DO NOT WRITE 196 MARTIN CIRCLE ROYAL PALM BEACH, FL 33411 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WALDEN, NICKI B NAME STREET ADDRESS 196 MARTIN CIRCLE CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED