

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078575

FILED
Jan 12, 2007
Secretary of State

Entity Name: WALSI INSURANCE CORPORATION

Current Principal Place of Business:

P O BOX 403432
MIAMI BEACH, FL 331401432 US

New Principal Place of Business:

5401 COLLINS AVENUE
925
MIAMI BEACH, FL 331401432 US

Current Mailing Address:

P O BOX 403432
MIAMI BEACH, FL 331401432 US

New Mailing Address:

FEI Number: 65-0539764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRENZEL, WALTER
5401 COLLINS AVE
#925
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHRENZEL, WALTER
Address: 5401 COLLINS AVE #925
City-St-Zip: MIAMI BEACH, FL 33140

Title: VDS () Delete
Name: SCHRENZEL, SILVIA
Address: 5401 COLLINS AVE #925
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SCHRENZEL, SILVIA
Address: 5401 COLLINS AVE #925
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Change (X) Addition
Name: BARROW, RUTH
Address: 12725 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER SCHRENZEL

PD

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date