

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078687

Entity Name: WAULEE CORPORATION

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

21301 POWERLINE RD  
SUITE 312  
BOCA RATON, FL 33433 US

## Current Mailing Address:

5410 HOMBERG DR  
SUITE A  
KNOXVILLE, TN 37919 US

## New Principal Place of Business:

925 SOUTH FEDERAL HWY  
SUITE 425  
BOCA RATON, FL 33432 US

## New Mailing Address:

P.O. BOX 11229  
KNOXVILLE, TN 37939 US

FEI Number: 65-0549717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALTERS, CLIFFORD L  
802 11TH ST. WEST  
BRADENTON, FL 34205 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: DPT ( ) Delete  
Name: KAYDEN, BERNARD H  
Address: 550 MAMARONECK AVE. #404  
City-St-Zip: HARRISON, NY 10528

Title: DV ( ) Delete  
Name: KAYDEN, MILDRED H  
Address: 550 MAMARONECK AVE. #404  
City-St-Zip: HARRISON, NY 10528

Title: DS ( ) Delete  
Name: LAMBERT, SANDA K  
Address: 550 MAMARONECK AVE. #404  
City-St-Zip: HARRISON, NY 10528

## 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:

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: BERNARD KAYDEN

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date