2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019210

City-St-Zip:

TAMPA, FL 33613

Entity Name: WALSH AIRPORT SERVICE INC.

FILED Jan 05, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|-------------------------------|----------------------------------|---|--|--|
| 14908 WE TAMPA, F | DGEWOOD F L 33613 | PLACE | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 14908 WE TAMPA, F | DGEWOOD F L 33613 | PLACE | | | |
| FEI Number | : 59-3306884 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| WALSH, J 14908 WE TAMPA, F | DGEWOOD F | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | WALSH, IRIS | EWOOD PLACE | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | WALSH, CLIFI | EWOOD PLACE | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: | WALSH, JOSE |) Delete PH C EWOOD PLACE | Title: (Name: Address: |) Change () Addition | |

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.

City-St-Zip:

SIGNATURE: JOSEPH C. WALSH TSD 01/05/2006