


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P95000058386	
<b>1. Entity Name</b> WALTERS FRAMING INC.	

<b>Principal Place of Business</b> 448 SW 13TH ST POMPAÑO BEACH, FL 33060	<b>Mailing Address</b> 448 SW 13TH ST POMPAÑO BEACH, FL 33060
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01192005 No Chg-P CR2E034 (10/03)


<b>4. FEI Number</b> 65-0616761	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  NYSTRAND, DOROTHY C 1441 NE 31ST COURT POMPAÑO BEACH, FL 33064	DO NOT WRITE IN THIS SPACE
<b>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.</b>	

<b>SIGNATURE</b> _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 000000193294 01/27/05-80085-006 150.00
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	P
<b>NAME</b>	WALTERS, CARL D
<b>STREET ADDRESS</b>	448 SW 13TH ST
<b>CITY - ST - ZIP</b>	POMPAÑO BEACH, FL 33060
<b>TITLE</b>	V
<b>NAME</b>	WALTERS, HEATHER L
<b>STREET ADDRESS</b>	448 SW 13TH ST
<b>CITY - ST - ZIP</b>	POMPAÑO BEACH, FL 33060
<b>TITLE</b>	ST
<b>NAME</b>	NYSTRAND, DOROTHY C
<b>STREET ADDRESS</b>	1441 NE 31ST CT
<b>CITY - ST - ZIP</b>	POMPAÑO BEACH, FL 33064
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

DO NOT WRITE  
IN THIS SPACE

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered</b>			
<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:</b> Carl D. Walters	<b>Date:</b> 1/27/05	<b>Daytime Phone #:</b> 954-946-5072