## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000013630

Entity Name: TALKING WALLS, INC.

GOMEZ, HUGO

15001 NW 42ND AVENUE

OPA LOCKA, FL 3305

Name:

Address: City-St-Zip:

FILED Feb 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: REITZ UNION** SUITE C-2 UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611 **New Mailing Address: Current Mailing Address:** 15001 NORTHWEST 42 AVENUE OPA-LOCKA, FL 33054 FEI Number: 65-0726973 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VASQUEZ, FABIO A 15001 NW 42ND AVE SUITE 121 OPA LOCKA, FL 33054 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition VASQUEZ, WILLIAM Name: Name: U OF FLORIDA, SUITE G-12 Address: Address: City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: Title: VTSC Title: () Change () Addition () Delete Name: VASQUEZ, FABIO A Name: 15001 NW 42 AVE Address: Address: OPA LOCKA, FL 33055 City-St-Zip: City-St-Zip: Title: Title: CFO ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM VASQUEZ PRE 02/02/2009