2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021332

City-St-Zip:

GAINESVILLE, FL 32608

Entity Name: WALKABOUT SHOP, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2657 NORTH MONROE ST. TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** PO BOX 3814 TALLAHASSEE, FL 32315 FEI Number: 59-3563867 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: SUTER, ROBERT L 3520 SW 79TH TERRACE GAINESVILLE, FL 32608 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: (X) Change () Addition SUTER, ROBERT L Name: Name: SUTER, ROBERT J 3520 SW 79TH TERRACE 1716 EVENING BREEZE LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: TALLAHASSEE, FL 32312 Title: VD Title: () Delete () Change () Addition SUTER, PATRICIA L Name: Name: 1716 EVENING BREEZE LANE Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: STD STD STICKLES, SARAH P SUTER, ROBERT L Name: Name: 3520 SW 79TH TERRACE 3520 SW/79TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: (X) Delete Title: () Change () Addition SUTER, ROBERT L Name: Name: Address: 3520 SW 79TH TERRACE Address:

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.

City-St-Zip:

SIGNATURE: ROBERT J. SUTER P 04/14/2009