2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# S59977

Entity Name: WALTER OLSEN HOMES, INC.

Current Principal Place of Business:

91 GENE JOHNSON ROAD
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

91 GENE JOHNSON ROAD
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3073613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSEN, PAULA
91 GENE JOHNSON RD
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

OLSEN, PAULA G PRESIDE
91 GENE JOHNSON RD
ST AUGUSTINE, FL 32080 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: PAULA G. OLSEN 03/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VS ( ) Delete
Name: OLSEN, WALTER,
Address: 6373 A1A S
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DPT ( ) Delete
Name: OLSEN, PAULA,
Address: 6373 A1A S
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition
Name: OLSEN, WALTER,
Address: 91 GENE JOHNSON RD.
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DPT (X) Change ( ) Addition
Name: OLSEN, PAULA G.,
Address: 91 GENE JOHNSON RD.
City-St-Zip: ST AUGUSTINE, FL 32080

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: PAULA G.OLSEN DPT 03/16/2009
Electronic Signature of Signing Officer or Director Date