2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72594

Entity Name: WAL CONSULTING, INC.

FILED Jan 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16115 CRAIGEND PL ODESSA, FL 33556 US

Current Mailing Address: New Mailing Address:

16115 CRAIGEND PL ODESSA, FL 33556 US

FEI Number: 59-3081034 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:

MANEY, RICHARD HENRY
ONE TAMPA CITY CENTER
SUITE 2865
TAMPA, FL 33602 US

LAMBOS, WILLIAM A PH.D.
16115 CRAGEND PLACE
TAMPA, FL 33609 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: WILLIAM LAMBOS 01/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PVS () Delete Title: PVS (X) Change () Addition LAMBOS, WILLIAM A., Name: LAMBOS, WILLIAM A PH.D. 16115 CRAIGEND PL Address: 16115 CRAIGEND PL ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

Title: Title: () Delete (X) Change () Addition LAMBOS, WILLIAM A., Name: Name: LAMBOS, WILLIAM A PH.D. 16115 CRAIGEND PL 16115 CRAIGEND PL Address: Address: ODESSA, FL 33556 ODESSA, FL 33556 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition DIANE, LAMBOS Name: DIANE, LAMBOS W WILLIAM Name: 16115 CRAIGEND PL 16115 CRAIGEND PL Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

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: WILLIAM LAMBOS PRES 01/25/2009