
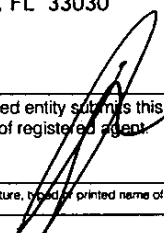
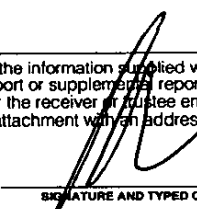


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90042 008 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 291764</b><br>1. Entity Name<br><b>ROWE-WALKER PROPERTIES, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>15730 S W 272ND ST<br/>HOMESTEAD, FL 33031</b>   |  |   | Mailing Address<br><b>15730 S W 272ND ST<br/>HOMESTEAD, FL 33031</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | 02072006    Chg-P    CR2E034 (11/05)  |  |
| City & State   |  | City & State                                  |   | 4. FEI Number<br><b>59-1151400</b>  |  |
| Zip    Country   |  | Zip    Country                                |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROWE, ROBA M<br/>15730 SW 272ND ST<br/>HOMESTEAD, FL 33030</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Charles R. Rowe</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1310 N. Krome Avenue</b><br>City <b>Homestead</b> <b>FL</b> Zip Code <b>33030</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.  |  |   |   |   |  |
| SIGNATURE  <b>Charles R. Rowe</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   | 02-07-06<br><small>DATE</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2006 Fee will be \$550.00   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br><b>ROWE, ROBA M.<br/>15730 SW 272ND STREET<br/>HOMESTEAD, FL 33031</b>  | <input checked="" type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br><b>Rowe, Paulette Coons<br/>15730 SW 272nd Street<br/>Homestead, FL 33031</b> |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>ROWE, CHARLES<br/>15730 SW 272ND STREET<br/>HOMESTEAD, FL 33031</b>  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br><b>ROWE, PAULETTE<br/>15730 SW 272ND STREET<br/>HOMESTEAD, FL 33031</b> | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>SIGNATURE:</b>  <b>Charles R. Rowe</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   | 02-07-06    305-248-6571<br><small>Date    Daytime Phone #</small>  |  |

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