

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567157

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: WALT'S ALL STARS, INC.

## Current Principal Place of Business:

896 W MINNEOLA AVE  
PMB 55  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

896 W MINNEOLA AVE  
PMB 55  
CLERMONT, FL 34711

## New Mailing Address:

FEI Number: 59-1810527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, JR., WALTER B.  
13711 VISTA DEL LAGO BLVD  
ORLANDO, FL 34711 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: COX, PATRICIA A.,  
Address: 3923 DOUNE WAY  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: FIELDS, ROY JR,  
Address: 101 FAY ROAD APT 5  
City-St-Zip: SYRACUSE, NY

Title: VT ( ) Delete  
Name: COX, JR., WALTER B  
Address: 13711 VISTA DEL LAGO BLVD  
City-St-Zip: ORLANDO, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER B. COX JR

VT

04/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date