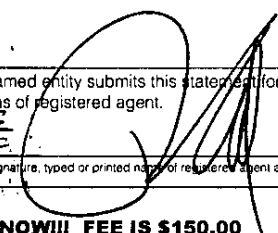


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 023 ***150.00

DOCUMENT # 612469 1. Entity Name WALTER R. BLAKE, P.A.					
Principal Place of Business 1881 UNIVERSITY DRIVE SUITE 100 CORAL SPRINGS, FL 33071 US			Mailing Address 1881 UNIVERSITY DRIVE SUITE 100 CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box # 9600 W. SAMPLE ROAD		3. Mailing Address 9600 W. SAMPLE ROAD			
Suite, Apt. #, etc. SUITE 304		Suite, Apt. #, etc. SUITE 304			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
Zip 33065		Country USA		Zip 33065	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLAKE, WALTER R. 1881 UNIVERSITY DR. STE 100 CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 40%; text-align: right;"> 4/4/08 DATE </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLAKE, WALTER R. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, LINDA J. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, LINDA J. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, LINDA J. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, LINDA J. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, LINDA J. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, LINDA J. 1881 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
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.					
SIGNATURE: 			4/4/08 954-752-5252 Date Daytime Phone #		