


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 042 ***150.00

DOCUMENT # F01000002041		
1. Entity Name WALTON DEVELOPMENT, INC.		

40013333



Principal Place of Business PO BOX 899 DOVER, DE 19903	Mailing Address 4060 BARRANCAS AVE PENSACOLA, FL 32507
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2. Principal Place of Business - No P.O. Box # 3500 S Dupont Hwy Suite, Apt # etc		3. Mailing Address Suite, Apt #, etc	
City & State Dover, DE		City & State	
Zip 19901	Country	Zip	Country

02082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2794003	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRISON, CAROL B 4060 BARRANCAS AVE. PENSACOLA, FL 32507	
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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.	
SIGNATURE _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PD YANCEY, J B	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4060 BARRANCAS AVE. CITY- ST- ZIP PENSACOLA, FL 32507			
NAME SVD SOUTHERLAND, L B	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4060 BARRANCAS AVE. CITY- ST- ZIP PENSACOLA, FL 32507			
NAME TVD HARRISON, CAROL B	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4060 BARRANCAS AVE. CITY- ST- ZIP PENSACOLA, FL 32507			
NAME	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
NAME	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
NAME	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			

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: 	Jack B. Yancey, President	2/8/07	850-456-7401
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