


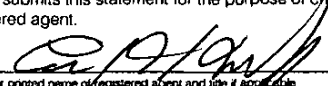
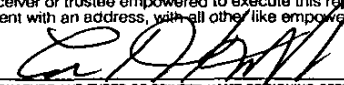
**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90242 011 \*\*\*158.75

**60002413**



<b>DOCUMENT # G92872</b>			
1. Entity Name <b>WALKER AND ASSOCIATES, ARCHITECTS, P.A.</b>			
Principal Place of Business <b>701 ENTERPRISE RD E STE 302 SAFETY HARBOR, FL 34695 US</b>		Mailing Address <b>701 ENTERPRISE RD E STE 302 SAFETY HARBOR, FL 34695 US</b>	
2. Principal Place of Business <b>701 ENTERPRISE RD. E.</b>		3. Mailing Address <b>701 ENTERPRISE RD. E.</b>	
Suite, Apt. #, etc. <b>STE 704</b>		Suite, Apt. #, etc. <b>STE 705</b>	
City & State <b>SAFETY HARBOR, FL</b>		City & State <b>SAFETY HARBOR, FL</b>	
Zip <b>34695</b>	Country <b>US</b>	Zip <b>34695</b>	Country <b>US</b>
4. FEI Number <b>59-2390714</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EDWARD H. WALKER, JR. 701 ENTERPRISE ROAD, E. STE 302 SAFETY HARBOR, FL 34695</b>		7. Name and Address of New Registered Agent Name <b>EDWARD H. WALKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 ENTERPRISE RD. E. STE 704</b> City <b>SAFETY HARBOR, FL</b> Zip Code <b>34695</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  <small>Signature, typed or printed name of registered agent and date if applicable.</small>		DATE <b>1/9/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WALKER, EDWARD H., JR. 2675 WAXWOOD COURT CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: 		DATE: <b>1/9/06</b> Daytime Phone #: <b>727-726-4766</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			