2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Nam WALKER	е	# J43421 , INC.		•			Apr 13, 2005 08:00 AM Secretary of State							
Principal Place	e of Business		Mailin	a Aridress										
Principal Place of Business 3520 W HALLANDALE BEACH BLVD PEMBROKE PARK FL 33023 US				Mailing Address 3520 W HALLANDALE BEACH BLVD PEMBROKE PARK FL 33023 US				1155	line etti Tiboo illil Sibir	n milli like	esnii Bihir di	leit Bibrt sibri	Hiber	er 11 1970c
2. Principal Place of Business			3. Mailing Address					}]]]						
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Suite, Apt #, etc.			Suite, Apt. #, etc.			}	15	t MOORE	CF	?2E034	(10/04)			
City & State			City	City & State				4. FEI Numb	⁵⁹⁻²⁷⁴³	153				ied For Applicable
Zìp	Country		Zīp	Zīp Coun		y 5. Certif		5. Certificate	e of Status Desire	ed -		\$8.75 A		onal
	6. Name	and Address of Current	Register	ed Agent				7. Name and	d Address of Ne	w Regi				<u> </u>
WA	IKER MI	CHAFIL P				Name		<u></u>			_			
WALKER, MICHAELL P 3520 W HALLANDALE BEACH I PEMBROKE PARK FL 33023				BLVD			Street Address (P.O. Box Number is Not Acceptable)							
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		····				City					FL	Zip Ca		
	e named entity tions of regist	y submits this statement for ered agent.	r the purp	oose of changing its	register	ed office or re	egistere 	ed agent, or bo	oth, in the State o	of Florid	a. (am f	amiliar wit	ih, ar	nd accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	picable (NOTE	Régistere	d Ageni signature r	Denuper	when reinstating)			DATE	<u> </u>		
F		!! FEE IS \$150.00	- :::	1					<u> </u>					
After	May 1, 200	05 Fee Will Be \$550.00 o Florida Department o							9. Election Ca Trust Fund					D May C. to Fees
10.	т	OFFICERS AND	DIRECTO	ORS	11.			ADDITIONS	7CHANGES TO	OFFICE	RS AND	DIRECTO	JRS (NII
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NAME CIDELL ADDRESS					NAM CZOL	- J								
STREET ADDRESS CITY-ST ZIP	}					EET ANDRESS 1-ST-ZIP								
12. I hereby	certify that th	e information supplied with	this filing	does not qualify fo	r the exe	emption stated	d in Se	ction 119.07(3))(ī), Florida Statu	ites I fu	rther cer	tily that th	e info	ormation
of the cor	rporation or t	rt or supplemental report is ne receiver or trustee emp achment with an address,	owered to	execute this report	ás requ	iture shall have ired by Chapte	e the s ter 607	same legal effe , Florida Statut	ect as if made un tes; and that my	der dati name a	n, inat i a ppears i	ım an ottic n Block 10	per or 3 or 8	r directi Block 11

MICHAELI. P. WALKER—PRESIDENT
RINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

4/8/05 Davime Phone #