


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 026 ****50.00

DOCUMENT # L04000012590	
1. Entity Name WALTON HOME REPAIR SERVICE, LLC	

Principal Place of Business 6197 SUNBURST DR CRESTVIEW FL 32539 US	Mailing Address 6197 SUNBURST DR CRESTVIEW FL 32539 US
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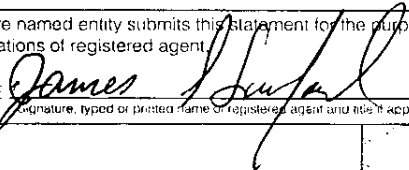
2. Principal Place of Business - No P.O. Box # 6197 Sunburst Dr.	3. Mailing Address 6197 Sunburst Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State Crestview, Florida	City & State Crestview, Florida
Zip 32539	Zip 32539
Country USA	Country USA

4. FEI Number 86-1096539	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent LUNDSFORD, JAMES S 6197 SUNBURST CRESTVIEW FL 32539	7. Name and Address of New Registered Agent Name Lunsford, James S. Street Address (P.O. Box Number is Not Acceptable) 6197 Sunburst Drive City Crestview FL Zip Code 32539
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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 7-20-07
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNDSFORD, JAMES S		NAME	
STREET ADDRESS 6197 SUNBURST		STREET ADDRESS	
CITY-ST-ZIP CRESTVIEW FL 32539		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07-20-07

850-689-3202

Date

Daytime Phone #