


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90085 021 ***158.75

DOCUMENT # L33616	
1. Entity Name WALTERS/GOTTLIEB PARTNERS, INC.	

Principal Place of Business 777 S FLAGLER DR, SUITE 221 WEST PALM BEACH, FL 33401	Mailing Address 777 S FLAGLER DR, SUITE 221 WEST PALM BEACH, FL 33401
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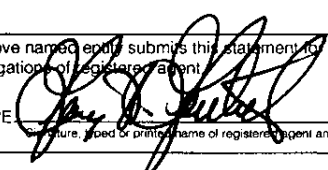
2. Principal Place of Business - No P.O. Box # 250 S. AUSTRALIAN AVE	3. Mailing Address 250 S. Australian Ave
Suite, Apt. #, etc. Suite 1100	Suite, Apt. #, etc. Suite 1100
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country US

01092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0160596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOTTLIEB, GARY A. 777 SOUTH FLAGLER DRIVE SUITE 221E W. PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name GARY A GOTTLIEB Street Address (P.O. Box Number is Not Acceptable) 250 S. AUSTRALIAN AVE Suite 1100 City West Palm Beach FL Zip 33401
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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 obligation of registered agent.

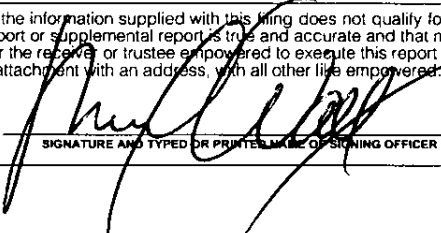
SIGNATURE  DATE **1/22/07**

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WALTERS, MICHAEL J. 777 S. FLAGLER DRIVE WEST PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MICHAEL J. WALTERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 S. AUSTRALIAN AVE #1100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GOTTLIEB, GARY 777 S. FLAGLER DRIVE WEST PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GARY A. GOTTLIEB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 S. AUSTRALIAN AVE # 1100 WEST PALM BEACH FL 33401
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
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
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
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 life empowered.

SIGNATURE:  DATE **1/22/07** Daytime Phone # **561-655-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR