

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90001 029 ***558.75

DOCUMENT # L39581

1. Entity Name

WALKERSWOOD MARKETING N.A., INC.



Principal Place of Business

6187 N.W. 167 STREET
UNIH H 29
MIAMI FL 33015

Mailing Address

6187 N.W. 167 STREET
UNIH H 29
MIAMI FL 33015



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0264285

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CELIA DIXON-CHAMBERS
20110 N.W. 9TH DRIVE
PEMBROKE PINES FL 33023

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DIXON-CHAMBERS, CELIA
STREET ADDRESS 20110 NW 9TH DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33-0205

TITLE DIRECTOR ☐ Change ☒ Addition
NAME PERKINS, Denyse
STREET ADDRESS WALKERSWOOD P.O.
CITY-ST-ZIP ST ANN JAMAICA

TITLE VP ☐ Delete
NAME BURKE, VIRGINIA
STREET ADDRESS 21 CENTRAL AVE.
CITY-ST-ZIP KINGSTON 6 JAMAICA WI

TITLE D ☐ Change ☒ Addition
NAME McLarty, MATTHEW
STREET ADDRESS 90 WALKERSWOOD P.O.
CITY-ST-ZIP ST ANN JAMAICA W L

TITLE D ☐ Delete
NAME MITCHELL, WOODROW
STREET ADDRESS BROMLEY WALKERSWOOD
CITY-ST-ZIP ST. ANN JA

TITLE Hoppenfeld, ISADORE ☐ Change ☒ Addition
NAME
STREET ADDRESS 36 WILMINGTON DR
CITY-ST-ZIP Melville NY 11747

TITLE D ☒ Delete
NAME MCFARLANE, JOHN
STREET ADDRESS BROMLEY WALKERSWOOD
CITY-ST-ZIP ST. ANN JA

TITLE METZGER, TIMOTHY ☐ Change ☒ Addition
NAME
STREET ADDRESS 11 RIVERSIDE DR. APT 6-4 EAST
CITY-ST-ZIP NEW YORK NY 10023

TITLE D ☐ Delete
NAME RHODERICK, EDWARDS
STREET ADDRESS BRAMFIELD RD., WENHASTON
CITY-ST-ZIP HALESWORTH, SUFFOLK UK

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/06

Daytime Phone #

305 556 4715