2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39581

Entity Name: WALKERSWOOD MARKETING N.A., INC.

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|-----------------------------------|
| Current Finicipal Flace of Business. | New Fillicipal Flace Of Busiliess |

6187 N.W. 167 STREET UNIT H29 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

PO BOX 29-7305 HOLLYWOOD, FL 330297305

FEI Number: 65-0264285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CELIA DIXON-CHAMBERS
20110 N.W. 9TH DRIVE
PEMBROKE PINES, FL 33023 US
DIXON-CHAMBERS, CELIA
20110 N.W. 9TH DRIVE
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: CELIA DIXON-CHAMBERS 04/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DIXON-CHAMBERS, CELIA DIXON-CHAMBERS, CELIA Name: Name: 20110 NW 9TH DRIVE 20110 NW 9TH DRIVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 330205 City-St-Zip: PEMBROKE PINES, FL 30209

Title: D (X) Delete Title: () Change () Addition

 Name:
 PERKINS, DENYSE
 Name:

 Address:
 WALKERSWOOD P.O.
 Address:

 City-St-Zip:
 ST ANN JAMAICA,
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELIA DIXON-CHAMBERS P 04/13/2009