
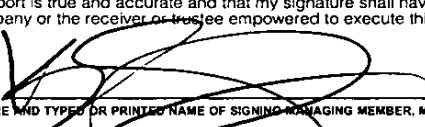


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90082 029 ****50.00

DOCUMENT # M05000006303 1. Entity Name WALKAWAY USA, LLC					
Principal Place of Business 122 W. CARPENTER FREEWAY, 6TH FLOOR IRVING, TX 75039			Mailing Address 122 W. CARPENTER FREEWAY, 6TH FLOOR IRVING, TX 75039		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, KEITH <input type="checkbox"/> Delete 122 W. CARPENTER FREEWAY, 6TH FLOOR IRVING, TX 75039		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, MICHAEL J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 122 W. CARPENTER FREEWAY, 6TH FLOOR IRVING, TX 75039	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELLS, RUSSELL S <input type="checkbox"/> Delete 122 W. CARPENTER FREEWAY, 6TH FLOOR IRVING, TX 75039		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARKIN, THOMAS E <input checked="" type="checkbox"/> Delete 122 W. CARPENTER FREEWAY, 6TH FLOOR IRVING, TX 75039		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	
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: 			07-18-06		1-866-886-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #