2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106171

1. Entity Name

WALKER BROTHERS ENTERPRISES, INC.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business 663 QUERCUS STREET PORT ORANGE, FL 32127 Mailing Address

663 QUERCUS STREET PORT ORANGE, FL 32127



DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3694313

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, PAMELA B 663 QUERCUS STREET PORT ORANGE, FL 32127

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its reg	jistered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	Il applicable. (NOTE, Re	gistered Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	U00000554159 05/15/06-80080-011 158.75
10.	OFFICERS AND DIREC	TORS		, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, PAMELA B 663 QUERCUS STREET PORT ORANGE, FL 32127				
TITLE	D				· · · · · · · · · · · · · · · · · · ·
NAME Street address	WALKER, JEFFREY R 663 QUERCUS ST.				
CITY-ST-ZIP	PORT ORANGE, FL 32127	-			
TITLE					- 1
NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
TITLE				INI '	THIS SPACE
NAME				117	THIS SPACE
STREET ADDRESS City-St-Zip					
TITLE NAME					

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 like empowered.

SIGNATURE: Alfon MANJOH TEFFER P. WALKER	4/28/06	386 299 5752
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #