


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000114646 1. Entity Name KENNINGTON WALKER SPARKS, P.A.	
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Principal Place of Business 6273 DUPONT STATION COURT JACKSONVILLE, FL 32217-2513	Mailing Address 10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 120 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3689471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPARKS, G. ALLEN 6273 DUPONT STATION COURT JACKSONVILLE, FL 32217-2513	DO NOT WRITE IN THIS SPACE
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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 obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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	03/13/07-80106-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPARKS, G. ALLEN 11614 FRANCIS DRAKE DRIVE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS KENNINGTON, BRADLEY 1104 BUCKBEAN BRANCH LANE E. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALKER, LORIS G 7651 GATE PARKWAY APT 911 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Allen Sparks* **3/2/2007** **(904) 997-9878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #