# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2011**
**Secretary of State**

DOCUMENT# P01000086472

**Entity Name:** WALKER FINANCIAL CENTERS, INC,

**Current Principal Place of Business:**

108 RAINS DRIVE
PONCE INLET, FL 32127

**New Principal Place of Business:**

3781 S. NOVA ROAD
M
PORT ORANGE, FL 32129

**Current Mailing Address:**

108 RAINS DRIVE
PONCE INLET, FL 32127

**New Mailing Address:**

**FEI Number: 59-3743871** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WALKER, VERONICA
108 RAINS DR.
PONCE INLET, FL 32127 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: WALKER, VERONICA
Address: 108 RAINS DR.
City-St-Zip: PONCE INLET, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: VERONICA WALKER PRES 04/22/2011

Electronic Signature of Signing Officer or Director — Date