


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000106980</b>	
1. Entity Name <b>WALTON CREDIT CORPORATION</b>	

Principal Place of Business <b>1133 US HWY 90 WEST SUITE C DE FUNIAK SPGS, FL 32435</b>	Mailing Address <b>PO BOX 669 DE FUNIAK SPGS, FL 32435-0669</b>
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05142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3754032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BRUNER, SYLVIA 1133 US HWY 90 WEST SUITE C DE FUNIAK SPGS, FL 32435</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008.</b>	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUNER, SYLVIA PO BOX 669 DE FUNIAK SPGS, FL 324350669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEES, LESTER E 8440 BLUEBONNET BLVD SUITE A BATON ROUGE, LA 07810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000951201  
06/04/08-80022-020 550.00

AMOUNT PAID  
\$5.00

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.		
<b>SIGNATURE:</b> <i>Sylvia Bruner</i>	<b>Sylvia Bruner</b>	<b>5/14/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		