2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT # P02000035431** 05-03-2006 90240 012 ***150.00 1. Entity Name WALKER RENAISSANCE II, INC. Principal Place of Business Mailing Address 20043989 3932 APPLEGATE CIRCLE 3932 APPLEGATE CIRCLE BRANDON, FL 33511 BRANDON, FL 33511 3. Mailing Address 6003 ADAGIO LANE 2. Principal Place of Business 6003 ADAGIO LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E034 (11/05) Chg-P City & State APOLLO BEACH, FL City & State APOLLO BEACH, FL Applied For 4. FEI Number 27-0007580 Not Applicable Country ^{Zip} 33752 Country \$8.75 Additional USA 33572 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 3932 APPLEGATE CIRCLE BRANDON, FL 33511 6003 ADAGIO LANE Zip Code CAPOLLO BEACH 8. The above next 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 obligation SIGNATURE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** TITLE ☐ Delete TITLE XXChanoe ☐ Addition 6003 ADAGIO LANE NAME WALKER, ROBERT M NAME APOLLO BEACH, FL 33572 3932 APPLEGATE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP ☐ Detete **X**XChange ☐ Addition TITLE 6003 ADAGIO LANE NAME WALKER, ROBERT M NAME STREET ADDRESS 3932 APPLEGATE CIRCLE STREET ADDRESS APOLLO BEACH, FL 33572 CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP ☐ Delete **KX**Change ☐ Addition TITLE TITLE WALKER, MARSHA K NAME NAME 6003 ADAGIO LANE 3932 APPLEGATE CIRCLE STREET_ADDRESS STREET ADDRESS APOLLO BEACH, FL 33572 CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accuracy or trusted 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 attacking of the corporation of the corporation of the accuracy with all other like empowered.

ROBERT M. WALKER

SIGNATURE:

FILED