2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041648

Entity Name: WALKER & ASSOCIATES INSURANCE, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5329 CAMELOT FOREST DR
JACKSONVILLE, FL 32258

4544 PALMETTO COVE LANE
JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

5329 CAMELOT FOREST DR
JACKSONVILLE, FL 32258

4544 PALMETTO COVE LANE
JACKSONVILLE, FL 32258

FEI Number: 32-0014437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALKER, DONNA
5329 CAMELOT FOREST DR
JACKSONVILLE, FL 32258 US

WALKER, DONNA
4544 PALMETTO COVE LANE
JACKSONVILLE, FL 32258 US

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: 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD () Delete Title: PTSD (X) Change () Addition

 Name:
 WALKER, DONNA

 Address:
 5329 CAMELOT FOREST DR

 City-St-Zip:
 JACKSONVILLE, FL 32258

 VALKER, DONNA

 Address:
 4544 PALMETTO COVE LANE

 City-St-Zip:
 JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA WALKER PTSD 04/24/2006

Electronic Signature of Signing Officer or Director

Date