

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90145 049 ***150.00

| |
|---------------------------------------------------------|
| DOCUMENT # 1. Entity Name <i>P02000078113</i> |
| WALLAKER ENTERPRISES, INC. |

DO NOT WRITE IN THIS SPACE

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|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 2. Principal Place of Business 1182 PINE RIDGE CIRCLE W #B-1 Suite, Apt. #, etc. | 3. Mailing Address 1182 PINE RIDGE CIRCLE W #B-1 Suite, Apt. #, etc. |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

| | |
|------------------------------------|------------------------------------|
| City & State TARPON SPRINGS, FL | City & State TARPON SPRINGS, FL |
| Zip 34688-6469 | Country |

DO NOT WRITE IN THIS SPACE

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 13-4217800 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

| | |
|--------------------------------------------------------|------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name DIANA A FOLLETT | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1182 PINE RIDGE CIRCLE W #b-1 | |
| City TARPON SPRINGS | Zip Code 34688-6469 |

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) DATE _____

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR DIANA A FOLLETT 1182 PINE RIDGE CIRCLE W #b-1 TARPON SPRINGS, FL 34688-6469 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT DIANA A FOLLETT 1182 PINE RIDGE CIRCLE W #b-1 TARPON SPRINGS, FL 34688-6469 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY / TREAS DIANA A FOLLETT 1182 PINE RIDGE CIRCLE W #b-1 TARPON SPRINGS, FL 34688-6469 | 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Follett* DIANA A FOLLETT, DIRECTOR *2-20-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *727-942-8649*