

**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 #	<i>P0200007813</i>
1. Entity Name	WALLAKER ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

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 34688-6469

DO NOT WRITE IN THIS SPACE		4. FEI Number 13-4217800	Applied For Not Applicable	
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
		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 FL 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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

727-744-26649
Date: Daytime Phone #