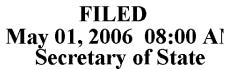
## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P02000133907 1. Entity Name SWAL, INC. Principal Place of Business Mailing Address 4000-B ST. JOHNS AVENUE 4000-B ST. JOHNS AVENUE SUITE 22 SUITE 22 JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 DO NOT WRITE IN THIS SPACE 04-3730697 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WALTON, W.H. JR. 4000-B ST. JOHNS AVENUE SUITE22 JACKSONVILLE, FL 32205



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04272006	No Chg-P	CR2E034 (11	/05)
4. FEI Number			Applied For
04-3730	697	Γ	Not Applicable

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signeture, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	gent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. T WALTON, WILLIAM H JR. 4000-B ST. JOHNS AVENUE, SUITE: JACKSONVILLE, FL 32205	22		U00000545342	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WALTON, A.D.S. 4000-B ST. JOHNS AVENUE, SUITE : JACKSONVILLE, FL 32205	22	05/11/06-80071-025 150.0 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					9, 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 empoweged.

SIGNATURE: AGNING OFFICER OR DIRECTOR 4/28/06

Daytime Phone #