## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000047951

Entity Name: WALKER, BROWNING DEVELOPMENT, INC.

FILED Apr 30, 2007 Secretary of State

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

402 APPLEROUTH LANE 529 WHITEHEAD STREET KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

402 APPLEROUTH LANE529 WHITEHEAD STREETKEY WEST, FL 33040KEY WEST, FL 33040

FEI Number: 54-2107534 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:

BROWNING, MICHAEL L ESQ
402 APPLEROUTH LANE
529 WHITEHEAD STREET
KEY WEST, FL 33040 US
KEY WEST, FL 33040 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: MICHAEL L. BROWNING 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition WALKER, STEPHEN WALKER, STEPHEN Name: Name: 402 APPLEROUTH LANE 529 WHITEHEAD STREET Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: Title: ( ) Delete (X) Change ( ) Addition Name: BROWNING, MICHAEL L ESQ Name: BROWNING, MICHAEL L ESQ. 402 APPLEROUTH LANE 529 WHITEHEAD STREET Address: Address: KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: SIRECI, THOMAS J ESQ Name: SIRECI, THOMAS J ESQ

Address: Address: KEY WEST, FL 33040

Name: SIRECI, THOMAS J ESQ
Address: 529 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL L. BROWNING D 04/30/2007