2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000085722

SIGNATURE:



FILED

Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90436 026 ***150.00 D & S WALKER SERVICES, INC. Principal Place of Business Mailing Address 3404 31ST STREET EAST 3404 31ST STREET EAST BRADENTON, FL 34208 US BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 60-0005048 Not Applicable Zin Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, DAVID F Street Address (P.O. Box Number is Not Acceptable) 3404 31ST STREET EAST BRADENTON, FL 34208 City Zip Code FL 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 tifle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550,00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change TETLE ☐ Delete ☐ Addition NAME WALKER, DAVID F NAME 3404 31ST STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE WALKER, SARA L NAME NAME 3404 31ST STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WALKER, SARA L NAME 3404 31ST STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE WALKER, SARA L MASAF NAME STREET ADDRESS 3404 31ST STREET EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report incree 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 empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR