



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000026826</b> 1. Entry Name WALKER SOLUTIONS, INC.				
Principal Place of Business 6836 N BISCAYNE DR NORTH PORT, FL 36286		Mailing Address 6836 N BISCAYNE DR NORTH PORT, FL 36286		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 01102006 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0712503		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	PSTD			
NAME	WALKER, JOE J			
STREET ADDRESS	6836 N BISCAYNE DR			
CITY - ST - ZIP	NORTH PORT, FL 36286			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing 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 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 empowered.				
SIGNATURE: <u>Joe J. Walker</u> <b>JOE J. WALKER</b>		18 Jan 2006 941-539-6377		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		