


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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**Mar 12, 2008 8:00 am
Secretary of State**

02-28-2008 90005 050 ***150.00

DOCUMENT # P04000026826 1. Entity Name WALKER SOLUTIONS, INC.	
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Principal Place of Business 6836 N BISCAYNE DR NORTH PORT, FL 36286	Mailing Address 6836 N BISCAYNE DR NORTH PORT, FL 36286
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DO NOT WRITE IN THIS SPACE



01182008 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**

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IN THIS SPACE**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALKER, JOE J 6836 N BISCAYNE DR NORTH PORT, FL 36286
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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: Joe J. Walker **JOE J. WALKER** 08 MAR 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #