2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

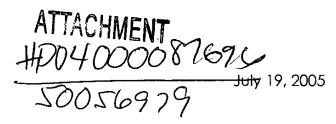
Jul 22, 2005 8:00 am Secrétary of State DOCUMENT # P04000087696 07-22-2005 90019 008 ***150.00 WALTON ENTERPRISES OF N.W. FLORIDA, INC. Principal Place of Business Mailing Address 303 SOUTH AVE. 303 SOUTH AVE. 50056979 STE #20 STE #20 FT. WALTON BEACH, FL 32547 FT. WALTON BEACH, FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number 20-1208045 Applied For Not Applicable Country \$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 WALTON, STEVE Street Address (P.O. Box Number is Not Acceptable) 303 SOUTH AVE. STE. #20 FT. WALTON BEACH, FL 32547 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 spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME WALTON, STEVE NAME 303 SOUTH AVE. STE. #20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY-ST-ZIP VΡ TITLE TITLE ☐ Delete ☐ Change ☐ Addition WALTON, DANA NAME 303 SOUTH AVE., STE. #20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY-ST-7iP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 attachmore with an address, and air bits rule empowered.

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



To whom it may concern,

Request a waiver for the late fee due to the non-recite of primary notice.

This is our first year filing the corporation annual report. We did not receive the primary notice to inform us that this report was required. We recently received a card notifying us that we missed the deadline. Enclosed you will find the report and the \$150.00 filing fee.

Once again, I thank you for your time.

Sincerely,

Steve and Dana Walton