2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 08:00 All Secretary of State ANNUAL REPORT DOCUMENT # P05000023690 DELILAH LEE WALTON, P.A. Principal Place of Business Mailing Address 864 ALCALA DR 864 ALCALA DR ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 No Chg-P CR2E034 (11/05) 03132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2345660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTON, DELILAH LEE DO NOT WRITE 864 ALCALA DR ST AUGUSTINE, FL 32086 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WALTON, DELILAH LEE NAME STREET ADDRESS 864 ALCALA DR CITY-ST-ZIP ST AUGUSTINE, FL 32086 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

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