

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90862 022 \*\*\*150.00

**DOCUMENT # P05000024763**

1. Entity Name  
**WALTERS BUSINESS CONSULTING SERVICES, INC.**



Principal Place of Business Mailing Address  
PO BOX 26481 PO BOX 26481  
FT. LAUDERDALE, FL 33320 US FT. LAUDERDALE, FL 33320 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**12800 S.W. 7 Ct.**

Suite, Apt. #, etc.

**#G-210**

Suite, Apt. #, etc.

03222007 Chg-P CR2E034 (12/06)

City & State  
**PEMBROKE PINES, FL**

City & State

4. FEI Number  
**20-3793118**

Applied For  
Not Applicable

Zip  
**33027**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MORRIS, STUART R ESQ.  
7000 W. PALMETTO ROAD  
SUITE 310  
BOCA RATON, FL 33433**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTSD  
WALTERS, NEIL J  
12800 SOUTHWEST 7 CIRCLE SUITE G-210  
PEMBROKE PINES, FL 33027** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTSD  
WALTERS, NEIL J  
12800 SOUTHWEST 7 COURT, SUITE G-210  
PEMBROKE PINES, FL 33027** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

**Neil J. Walters**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/07**  
Date

**(305) 801-6423**  
Daytime Phone #