


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2008 8:00 am
Secretary of State

05-02-2008 90139 019 ***150.00

DOCUMENT # P07000016357

1. Entity Name
WALTON FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address

**4362 NORTHLAKE BLVD
SUITE 212
PALM BEACH GARDENS, FL 33410**

**4362 NORTHLAKE BLVD
SUITE 212
PALM BEACH GARDENS, FL 33410**

66014806



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

26381 S. Tamiami Trl. **26381 S. Tamiami Trl.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

138 **138**

04242008 Chg-P CR2E034 (12/06)

City & State City & State

Bonita Springs, FL **Bonita Springs, FL**

Zip Zip

34134 **34134**

Country Country

U.S.A. **U.S.A.**

4. FEI Number Applied For

20-17026158 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRAVANI & RICHTER, P.A.
4866 NORTHLAKE BLVD
SUITE 402
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

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

8895 N. Military Trl Ste 306E

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTON, CORY 18628 SEA TURTLE LANE BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3580 Lanang Loop, Unit 101 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **Cory R. Walton** Date: **04/28/08** Daytime Phone #: **239-449-8239**