


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90159 017 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # P07000017220                       |  |
| 1. Entity Name<br>PHOTOGRAPHY BY WALKER, INC. |   |

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|--|--|
| Principal Place of Business<br>3220 DELRAY BAY DRIVE<br>UNIT 818<br>DELRAY BEACH, FL 33483-8605 US | Mailing Address<br>3220 DELRAY BAY DRIVE<br>UNIT 818<br>DELRAY BEACH, FL 33483-8605 US |
|--|--|

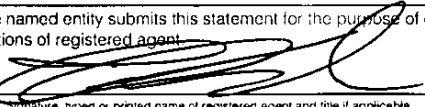
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| 2. Principal Place of Business - No P.O. Box #<br>134 NW 16 STREET | 3. Mailing Address<br>134 NW 16 STREET |
| Suite, Apt. #, etc.<br>SUITE 5                                     | Suite, Apt. #, etc.<br>SUITE 5         |
| City & State<br>BOCA RATON FL                                      | City & State<br>BOCA RATON FL          |
| Zip<br>33432-1691  | Country<br>USA                         |



04302008 Chg-P CR2E034 (12/06)

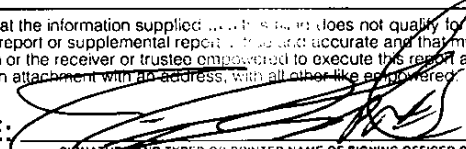
|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-8554446                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>TUERS, WILLIAM C<br>3220 DELRAY BAY DRIVE<br>UNIT 818<br>DELRAY BEACH, FL 33483-8605 | 7. Name and Address of New Registered Agent<br>Name<br>TUERS, WILLIAM C<br>Street Address (P.O. Box Number is Not Acceptable)<br>134 NW 16 STREET<br>SUITE 5<br>City<br>BOCA RATON FL Zip Code<br>33432 |
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|   |            |
|---|------------|
| 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. | 04/30/2008 |
| SIGNATURE   | DATE       |

|   |   |                                |
|---|---|--------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|---|---|--------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TUERS, WILLIAM C<br>3220 DELRAY BAY DRIVE - UNIT 818<br>DELRAY BEACH, FL 334838605 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>TUERS, WILLIAM C<br>134 NW 16 ST - SUITE 5<br>BOCA RATON FL 33432-1691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 12. I hereby certify that the information supplied on this report 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 information. |                                       |
| SIGNATURE:    | WILLIAM C TUERS 04/30/2008 5617505200 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Date Daytime Phone #                  |