

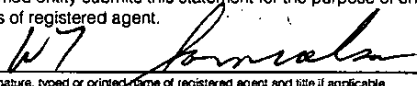



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90047 034 ***150.00

DOCUMENT # P93000022768 1. Entity Name WALTER T SAMUELSON & ASSOCIATES, INC.						
Principal Place of Business 12475 SW 58 ST FT. LAUD, FL 33330 US				Mailing Address 12475 SW 58 ST FT. LAUD, FL 33333 US		
2. Principal Place of Business 9720 STIRLING RD. Suite, Apt. #, etc. 110		3. Mailing Address 9720 STIRLING ROAD Suite, Apt. #, etc. 110				
City & State COOPER CITY FL		City & State COOPER CITY FL		4. FEI Number 65-0397329		
Zip 33024		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAMUELSON, WALTER T 12475 SW 58TH ST FT. LAUDERDALE, FL 33330				7. Name and Address of New Registered Agent Name: WALTER T. SAMUELSON Street Address (P.O. Box Number is Not Acceptable): 9720 STIRLING ROAD #110 City: COOPER CITY FL Zip Code: 33024		
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: 2/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD SAMUELSON, WALTER T 12475 SW 58TH ST FT. LAUD, FL 33330		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12337 EQUESTRIAN TRAIL DAVIE, FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 2/1/06 DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						