2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024094

City-St-Zip: MIAMI, FL 33301

Entity Name: SMITH WALKER & ASSOCIATES INC

FILED Apr 29, 2005 Secretary of State

Entity Nai	me: SIVIIIH, V	VALKER & ASSOCIATES, INC	·.		
Current P	rincipal Place	of Business:	New Principal Place of Business:		
STE 2110-	T OCEAN MILE -S JDERDALE, FL				
Current Mailing Address:			New Mailing Address:		
STE 2110-	T OCEAN MILE -S JDERDALE, FL				
FEI Number: 59-3233236 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:		
STE 2110-	T OCEAN MILE				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent		Date
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WALKER, A 3400 GALT OC	Delete EAN MILE STE 2110-S DALE, FL 333087043	Title: Name: Address: City-St-Zip:		(X) Change () Addition G III OCEAN MILE STE 2110-S DERDALE, FL 333087043
Title: Name: Address: City-St-Zip:	DV () WALKER, G D 2600 REED AV MELBOURNE, I		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	BASHKARDIN, 1 16 ZAVODSKA	Delete ERNEST /A STREET APT 70 REY, RU 620028	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address:	DV (X) SCHUSTER, OS 112 BRICKELL		Title: Name: Address:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: A. G. WALKER III DP 04/29/2005