

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024094

Entity Name: SMITH, WALKER & ASSOCIATES, INC.

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

3400 GALT OCEAN MILE
2110-S
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 480126
FORT LAUDERDALE, FL 33348 00

New Mailing Address:

3400 GALT OCEAN MILE
2110-S
FORT LAUDERDALE, FL 33308

FEI Number: 59-3233236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, A G DR
3400 GALT OCEAN MILE
2110-S
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WALKER, A G DR
Address: 3400 GALT OCEAN MILE, #2110-S
City-St-Zip: FORT LAUDERDALE, FL 333087043

Title: DV () Delete
Name: WALKER, G
Address: 2600 REED AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: DV () Delete
Name: BASHKARDIN, ERNEST DR
Address: 16 ZAVODSKAYA STREET APT 70
City-St-Zip: YEKATERINBUREY, RU 620028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: A G WALKER

DP

05/15/2009

Electronic Signature of Signing Officer or Director

Date