FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 12, 2003 8:00 am Secretary of State P97000050999 DOCUMENT # 09-12-2003 90090 035 ***150.00 1. Entity Name J.M. WALKER, L.M.T., INC. Principal Place of Business Mailing Address POST OFFICE-BOX 4023 61 NE 56 ST FORT LAUDERDALE FL 33338 FORT LAUDERDALE FL 33334 LEASE SPELLOUT STREET = 2. Principal Place of Business 3. Mailing Address 61 NE 56 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES FORT LAUDERDALE, City & State City & State 33334-1709 4. FEI Number Applied For 65-0763532 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33334-1709 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, JAMES Street Address (P.O. Box Number is Not Acceptable) 61 NE 56 ST FORT LAUDERDALE FL 33334 City 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. the obligations of regist AMES M. WALKER, PRES SIGNATÚRE nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD TITLE Delete TITLE Change Addition NAME WALKER, JAMES NAME 61 NE 56 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation on 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 of the corporation of the receiver or truchanged, or on an attachment with an address, with all other like empowered.

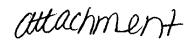
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP





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JAMES M. WALKER, M.S., L.M.T.

61 Northeast Fifty-Sixth Street Fort Lauderdale, Florida, 33334 Phone (954) 772-3404 jmwlmt@mindspring.com

8/25/03

Re: FEI# 65-0763532

...To Whom it: May Concern:

Lupdated my mailing address with The Division of Corporations via USPS "Address Notification Form" many months ago. For some reason, however, this change was never made. As a result I never received the first UBR form.

Please correct my mailing address (see UBR) and accept the enclosed payment of \$150,00 to cover the original filing fee.

Sincerely,

James M. Walker, M.S., L.M.T.

President

J. M. Walker, L.M.T., INC.