2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000026351

1. Entity Name
LAW OFFICES OF DAHLIA A. WALKER, P.A.

Principal Place of Business	Mailing Address
3325 HOLLYWOOD BLVD SUITE 206 HOLLYWOOD, FL 33021 US	3325 HOLLYWOOD BLVD SUITE 206 HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE

04142008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0907974	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER-HUNTINGTON, DAHLIA A
3325 HOLLYWOOD BLVD
SUITE 206
HOLLYWOOD, FL 33021

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000009951401 06/04/08-80032-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER-HUNTINGTON, DAHLIA A.
STREET ADDRESS	3480 S.W. 144 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Dahlia A. Walker Huntington_   4/30/08   954 963 8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #