

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034360

Entity Name: MCWALKER CORP.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1850 NW 69TH AVE, SUITE 1
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1850 NW 69TH AVE, SUITE 1
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 65-0911268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ROBERT
5191 NW 82ND TERR
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, ROBERT J
Address: 1850 NW 69TH AVE, SUITE 1
City-St-Zip: PLANTATION, FL 33313

Title: V () Delete
Name: WALKER, ROBERT J
Address: 1850 NW 69TH AVE, SUITE 1
City-St-Zip: PLANTATION, FL 33313

Title: S () Delete
Name: WALKER, PATRICIA
Address: 1850 NW 69TH AVE, SUITE 1
City-St-Zip: PLANTATION, FL 33313

Title: T () Delete
Name: WALKER, PATRICIA
Address: 1850 NW 69TH AVE, SUITE 1
City-St-Zip: PLANTATION, FL 33313

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:

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: ROBERT WALKER

RW

04/16/2009

Electronic Signature of Signing Officer or Director

Date