. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 8:00 am Secretary of State

3-2-06

DOCUMENT # P0000005411 1. Entity Name WALLACE FINE ART, INC.					03-15-2006 90116 042 ***150.00		
Principal Place of Business Mailing Address					\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
	OF MEXICO DR	5350 GULF OF MEXICO DR			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
103		103					
LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 3			4228		I (SANGAN III BAN) ACKI ANIN ACKI BANK ATKI TAKI TAKI TAKI ANIN ANDA KATI NAMBAN II NASI		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022006 Chg-P CR2E034 (11/05)		
City & State		City & State			4. FEI Number Applied For 65-0973076 Not Applied		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	10.0	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	-	
THE POWER				Name Ran H. COOQUE.			
THEIS, JOHN R 2651 MAPLELOFT LANE				Street Addres	ss (P.O. Box Number is Not Acceptable)	\dashv	
SARASOTA, FL 34232				7777	1100 100	<u>. </u>	
		2		4131	100 SC CONDIT TO THINKS 1	1	
				Service of the servic	Proct Pour FL PARS P		
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 registers agent.							
SIGNATURE SOUNDESTRUCTION 3/1/06							
Signature, typed or printed name of registered agent and tight if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D. STEER D.	☐ Delete	TITL		☐ Change ☐ Addi	tion	
NAME STREET ADDRESS :	WALLACE, PETER D 5350 GULF OF MEXICO DR # 1	03	NAM	ie Eet address			
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			-ST-ZIP			
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STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
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 tribe 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 truster 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.							

SIGNATURGAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR