

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005411

Entity Name: WALLACE FINE ART, INC.

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

5350 GULF OF MEXICO DR  
103  
LONGBOAT KEY, FL 34228

## New Principal Place of Business:

201 S. SHADE AVE.  
SARASOTA, FL 34237

## Current Mailing Address:

5350 GULF OF MEXICO DR  
103  
LONGBOAT KEY, FL 34228

## New Mailing Address:

201 S. SHADE AVE.  
SARASOTA, FL 34237

FEI Number: 65-0973076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRISH, BOB CPA  
4134 GULF OF MEXICO DR STE 211  
LONGBOAT KEY, FL 34228 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: D ( ) Delete  
Name: WALLACE, PETER D  
Address: 5350 GULF OF MEXICO DR # 103  
City-St-Zip: LONGBOAT KEY, FL 34228

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WALLACE, PETER D  
Address: 201 S. SHADE AVE  
City-St-Zip: SARASOTA, FL 34237

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: PETER D. WALLACE

D

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date