2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 205426

SMALLEY, JAMES

NEWMAN, CHUCK

MAITLAND, FL 32751

2079 SUE HARBOR DR

ORLANDO, FL 32803

1261 WELLINGTON TERRACE

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Feb 16, 2007 Secretary of State

Entity Na	me: WALL	STREET HOLDIN	G CORPORATIO	NC					
Current Principal Place of Business:				N	New Principal Place of Business:				
	CENTRAL A D, FL 32801	AVE.							
Current Mailing Address:				New Mailing Address:					
	CENTRAL A D, FL 32801	AVE.							
FEI Number	: 59-0491072	FEI Number Ap	plied For()	FEI Numbe	er Not Appli	icable ()	Certifica	te of Status	Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
	INA NTRAL BLV), FL 32801	D. US							
	named entite of Florida.	y submits this stat	ement for the pu	irpose of c	hanging it	s registere	d office or r	egistered a	gent, or both,
SIGNATUI	RE:								
	Electr	onic Signature of	Registered Ager	nt				Date	
Election Car	mpaign Financ	ing Trust Fund Cont	ribution ().						
OFFICER	S AND DIRE	ECTORS:		A	DDITION	S/CHANG	ES TO OFF	ICERS AN	D DIRECTORS:
Title: Name: Address: City-St-Zip:	P WESTSON, 1101 POINT ORLANDO, I	SETTE AVE.		Na Ad	le: ame: ldress: ty-St-Zip:	P VAUGHN, H 711 ALBA E ORLANDO,	RIVE	() Addition	
Title: Name: Address: City-St-Zip:	S VAUSHN, GH 711 ALBAC ORLANDO, I	DR.		Na Ad	ile: ame: ldress: ty-St-Zip:	PP WATSON, 0 1101 POINS ORLANDO,	SETTA AVENU	. ,	
Title: Name: Address: City-St-Zip:	PHILLIPS, B	NGE AVE SUITE 1030		Na Ad	le: ame: ldress: ty-St-Zip:	VP WATSON, C 1101 POINS ORLANDO,	SETTA AVENU		
Title:	s	() Delete		Tit	:le:	S	(X) Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

HALYARD, PAÚL

PHILLIPS, BRIAN

ORLANDO, FL 32801

1877 EDGEWATER DRIVE

2005 ORANGE AVE. SUITE 2120

(X) Change () Addition

ORLANDO, FL 32804

SIGNATURE: GINA JONES GM 02/16/2007