2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 430847

1. Entity Name
WALLY WATT, INC.

Principal Place of Business	Mailing Address
3569 TYRONE BLVD., NORTH ST.PETERSBURG, FL 33710	3569 TYRONE BLVD., NORTH ST.PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

40032955

02052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1466977	Not Applicable

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

6. Name and Address of Current Registered Agent

~~FEINBERG, DAVID M JR~~ Riordan, Denise
3569 TYRONE BLVD.,
ST.PETERSBURG, FL 33710

DO NOT WRITE 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)

DENISE RIORDAN   3-1-07
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	~~FEINBERG, M. DAVID, JR.~~ RiorDAN, DENISE F.
STREET ADDRESS	3569 TYRONE BLVD., NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	VP
NAME	FEINBERG, DOUGLAS S.
STREET ADDRESS	3569 TYRONE BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	VPS
NAME	RIORDAN, DENISE
STREET ADDRESS	3569 TYRONE BLVD.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____ DENISE RIORDAN   X 3-1-07   (727)381-3232

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