## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

indicated on this report of the corporation or the

SIGNATURE:

changed, or on an attachment

or supplem receiver

## Jan 23, 2006 8:00 am **Secretary of State DOCUMENT #822757** 01-23-2006 90047 044 \*\*\*150.00 WALBRO INVESTMENT LIMITED Mailing Address Principal Place of Business 60005057 8001 VIA RAPALLO DRIVE 8001 VIA RAPALLO DRIVE ESTERO, FL 33928 -- US ESTERO, FL 33928 Mailing Address 8551 V/A 2. Principal Place of Business RAPALLO RAPALLO CR2E034 (11/05) 01132006 Chg-P Applied For City & State ESTERO 4. FEI Number City & State ESTERO FL 59-7275262 Not Applicable Country U S Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, JAMES P Street Address (P.O. Box Number is Not Acceptable) 855/ V/A RAPALLO 2<del>3750 OLD LIGHTHOUSE ROA</del>D BONITA SPRINGS, FL-34135 City É STERO 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change WALLACE, JAMES P NAME 8551 VIA RAPALLO STREET ADDRESS STREET ADORESS 8001 VIA RAPALLO DR CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-7IP ☐ Change Delete TITI F ☐ Addition TITLE ONEIL, BRIAN NAME NAME STREET ADDRESS 200 LANSDOWNE AVE, #561 STREET ADDRESS WESTMOUNT, QU CITY-ST-ZIP CITY-ST-ZIP Delete Addition WALLACE, JOSEPH NAME STREET ADDRESS 8001 VIA RAPALLO DR STREET ADDRESS ESTERO, FL 33928 CITY-ST-7IP CITY-ST-ZIP **X** Delete ☐ Change TITLE ☐ Addition GREGSON, BRIAN NAME NAME STREET ADDRESS 4522 PUGET DRIVE STREET ADDRESS CITY-ST-ZIP VANCOUVER, BC, CITY-ST-ZIP Delete THILE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE-☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information

ental 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 to the same legal effect as if made under oath; that I am an officer or director to same appears in Block 10 or Block 11 if

FILED