


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90074 014 \*\*\*158.75

<b>DOCUMENT # F06000005705</b>	
1. Entity Name <b>WALLNER CO., INC.</b>	

Principal Place of Business <b>777 YAMATO ROAD STE 300 BOCA RATON, FL 33431</b>	Mailing Address <b>PO BOX 1348 ZEPHYR COVE, NV 89448</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>777 YAMATO ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 300</b>
City & State	City & State <b>BOCA RATON, FL</b>
Zip	Country <b>USA</b>

QUOTIENT



04042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>WYLER, SCOTT L 777 YAMATO RD SUITE 300 BOCA RATON, FL 33431</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CPD CARTY, LARRY J 121 MANOR DR SUITE 3 STATELINE, NV 89449</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST WYLER, SCOTT L 777 YAMATO RD SUITE 300 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT VINER, CLIFFORD G. 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>Clifford G. Viner, President</b>	<b>April 5, 2007</b>	<b>(561) 544-4400</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #