


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # H59684 1. Entity Name WALL SURGEONS, INC.		
Principal Place of Business 878 BENCHWOOD DR WINTER SPRINGS, FL 32708		Mailing Address 878 BENCHWOOD DR WINTER SPRINGS, FL 32708
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLAMARINO, PHILIP 878 BENCHWOOD DR WINTER SPRINGS, FL 32708		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: <i>Philip Colamarino</i> Philip Colamarino 4-24-2006 <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000556353 05/17/06-800006-009 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	COLAMARINO, PHILIP	
STREET ADDRESS	878 BENCHWOOD DR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		
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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: <i>Philip Colamarino</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-24-2006 407-701-5908