## 2005 FOR PROFIT CORPORATION ' ANNUAL REPORT

## FILED Mar 17, 2005 08:00 AM Secretary of State

DOCUMENT # H93406  1. Entity Name THE WALLOW CORP., INC.			Secretary of State	
Principal Place 7203 N. FLC TAMPA, FL	orida ave	Aailing Address 7203 N. FLORIDA AVE. TAMPA, FL 33604		
DO NOT WRITE IN THIS SPACE				02112005 No Chg-P CR2E034 (10/03)  4. FEI Number
POTTS, DAVID C. 7203 N FLORIDA AVENUE TAMPA, FL 33604				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, lyped or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remaining)  PATE  9. Electron Campaign Financing \$5.00 May Be Added to Faces				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  PTD —  POTTS, DAVID C.  7203 N. FLORIDD AVE.  TAMPA, FL —  SD —  POTTS, JOE A.  7203 N. FLORIDA AVE.  TAMPA, FL —	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
SIGNATURE:  SIRET ADDRESS CITY-ST-ZIP  12. Theroby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliermental 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:				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				