


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90200 014 ***150.00

DOCUMENT # K38973	
1. Entity Name KENNETH R. WALL, P.A.	

Principal Place of Business 1680 HWY A1A P.O. BOX 372408 SATELLITE BEACH, FL 32937	Mailing Address 1680 HWY A1A P.O. BOX 372408 SATELLITE BEACH, FL 32937
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2. Principal Place of Business 310 FIFTH AVE... P.O. BOX 33866	3. Mailing Address 310 FIFTH AVE... P.O. BOX 33866
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State INDIAN LANTIC, FLORIDA	City & State INDIAN LANTIC, FLORIDA
Zip 32903	Country USA
City & State INDIAN LANTIC, FLORIDA	City & State INDIAN LANTIC, FLORIDA
Zip 32903	Country USA

07062005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2915130	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALL, KENNETH R. NO CHANGE IN REG. AGENT 1680 HWY A1A SATELLITE BEACH, FL 32937	
<i>Address Change Only</i>	

7. Name and Address of New Registered Agent Name WALL, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 310 FIFTH AVENUE City INDIAN LANTIC FL Zip Code 32903	
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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 <u><i>Kenneth R. Wall</i></u> DATE <u>07/07/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WALL, KENNETH R. 1680 HWY A1A SATELLITE BEACH, FL <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	P/S/T WALL, KENNETH R. 310 FIFTH AVENUE INDIAN LANTIC, FL 32903 <input checked="" 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

TITLE NAME STREET A CITY-ST-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET A CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

This entity did not receive prior notice.

12. I hereby certify that the information supplied with this filing 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 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.	
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SIGNATURE: <u><i>Kenneth R. Wall</i></u>	DATE: <u>07/07/2005</u>	DAYTIME PHONE #: <u>321-956-7600</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		