

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 023 ***158.75

DOCUMENT # **K 82511**
1. Entity Name
Walltech Designs, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
35967 Solon Rd.
Suite, Apt. #, etc.

3. Mailing Address
35967 Solon Rd.
Suite, Apt. #, etc.

City & State
BENTLEYVILLE, OHIO

City & State
BENTLEYVILLE, OHIO

Zip
44022 Country **USA**

Zip
44022 Country **USA**

4. FEI Number
65-0120426

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **DAVID M. SKIPPER**

Street Address (P.O. Box Number is Not Acceptable)
1601 SW 187th AVE.

City **MIAMI** State **FL** Zip Code **33185**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE P NAME DAVID M. SKIPPER STREET ADDRESS 1601 SW 187th AVE. CITY-ST-ZIP MIAMI, FLA. 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **David M. Skipper**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (407) 349-3804
Date Daytime Phone #

CR2E034B (12/01)