

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087662

Entity Name: THE WALLSY COMPANY, LLC

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

6402 SHORELINE CT
ST CLOUD, FL 34771

New Principal Place of Business:

6928 BEARGRASS ROAD
HARMONY, FL 34773

Current Mailing Address:

6402 SHORELINE CT
ST CLOUD, FL 34771

New Mailing Address:

6928 BEARGRASS ROAD
HARMONY, FL 34773

FEI Number: 37-1500922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLS, RAYMOND D III
6402 SHORELINE COURT
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

WALLS, RAYMOND D III
6928 BEARGRASS ROAD
HARMONY, FL 34773 US

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:

03/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALLS, RYAN S
Address: 6402 SHORELINE CT
City-St-Zip: ST CLOUD, FL 34771

Title: MGRM () Delete
Name: WALLS, RAYMOND D III
Address: 14167 ISLAMORADA DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALLS, RYAN S
Address: 1120 EAST COUNTY LINE ROAD
City-St-Zip: UNDERWOOD, IN 47177

Title: MGRM (X) Change () Addition
Name: WALLS, RAYMOND D III
Address: 6928 BEARGRASS ROAD
City-St-Zip: HARMONY, FL 34773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAYMOND D WALLS III

MGRM

03/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date