

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078933

FILED
Apr 11, 2007
Secretary of State

Entity Name: WALLACE ACQUISITION GROUP, LLC

Current Principal Place of Business:

P.O. BOX 177
LAKELAND, FL 33802

New Principal Place of Business:

1125 U.S. 98 SOUTH
300
LAKELAND, FL 33801

Current Mailing Address:

P.O. BOX 177
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-3287448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, LINDA
1125 U.S. 98 SOUTH
300
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

WALLACE, CLINTON G
1125 U.S. 98 SOUTH
300
LAKELAND, FL 33801 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: CLINTON G. WALLACE

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALLACE, CLINTON G
Address: P.O. BOX 177
City-St-Zip: LAKELAND, FL 33802 US

Title: MGRM () Delete
Name: WALLACE, CHAD M
Address: P.O. BOX 177
City-St-Zip: LAKELAND, FL 33802 US

Title: MGRM () Delete
Name: WALLACE, W. CLINTON
Address: P.O. BOX 177
City-St-Zip: LAKELAND, FL 33802 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLINTON G. WALLACE

MGRM

04/11/2007

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