2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N02000003349

Entity Name: WALTER H. WALLACE INC.

Current Principal Place of Business:

6405 NW 29TH STREET
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

6405 NW 29TH STREET
GAINESVILLE, FL 32653 US

New Mailing Address:

PO BOX 140322
GAINESVILLE, FL 32614 US

FEI Number: 02-0597545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALTER, WALLACE H JR.
6405 NW 29TH STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALTER, WALLCE
Address: 6405 NW 29TH ST.
City-St-Zip: GAINESVILLE, FL 32653 US

Title: VP ( ) Delete
Name: WALKER, DAWN
Address: 6405 NW 29TH ST
City-St-Zip: GAINESVILLE, FL 32653 US

Title: S (X) Delete
Name: BOSTON, CHERYL
Address: 6114 SW 69TH BLVD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: TRES (X) Delete
Name: EZRA, WALLACE L
Address: 1023 SE 20TH STREET
City-St-Zip: GAINESVILLE, FL 32641 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER WALLACE P 05/01/2005
Electronic Signature of Signing Officer or Director — Date