## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004036

FILED Jun 13, 2006 Secretary of State

Entity Name: ANN AND BILL WALLACE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 291 SOUTHHALL LANE, STE 103 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 291 SOUTHHALL LANE, STE 103 MAITLAND, FL 32751 FEI Number: 33-1062280 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: Name and Address of New Registered Agent: CRAMER, CHARLES W 1411 EDGEWATER DRIVE SUITE 100 ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WALLACE, BILL WALLACE, BILL Name: Name: 291 SOUTHHALL LANE, #102 Address: 291 SOUTHHALL LANE SUITE 103 Address: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: WALLACE, ANN Name: WALLACE, ANN Address: 291 SOUTHHALL LANE #103 Address: 291 SOUTHHALL LANE SUITE 103 City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: (X) Change ( ) Addition BLACK, CHRISTENA Name: BLACK, CHRISTENA Name: 291 SOUTHHALL LANE #103 291 SOUTHHALL LANE SUITE 103 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: ( ) Change (X) Addition WALLACE, W N II Name: Name: 291 SOUTHHALL LANE SUITE103 Address: Address: City-St-Zip: City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: ( ) Change (X) Addition WALLACE, JUDITH Name: Name: 291 SOUTHHALL LANE SUITE 103 Address: Address: City-St-Zip: City-St-Zip: MAITLAND, FL 32751

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 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: CHRISTENA BLACK D 06/13/2006