
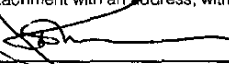


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90412 026 \*\*\*158.75

<b>DOCUMENT # P00000005411</b>					
<b>1. Entity Name</b> <b>WALLACE FINE ART, INC.</b>					
<b>Principal Place of Business</b> <b>5360 GULF OF MEXICO DR, SUITE 108</b> <b>LONGBOAT KEY, FL 34228</b>			<b>Mailing Address</b> <b>5360 GULF OF MEXICO DR, SUITE 108</b> <b>LONGBOAT KEY, FL 34228</b>		
<b>2. Principal Place of Business</b> <b>5350 GULF OF MEXICO DR</b> Suite, Apt. #, etc. <b>103</b> City & State <b>Longboat Key</b> Zip <b>34228</b>		<b>3. Mailing Address</b> <b>5350 GULF OF MEXICO DR.</b> Suite, Apt. #, etc. <b>103</b> City & State <b>Longboat Key</b> Zip <b>34228</b>		<b>03252004</b> <b>Chg-P</b> <b>CR2E034 (10/03)</b>	
Country <b>MANATEE</b>		Country <b>MANATEE</b>		<b>4. FEI Number</b> <b>65-0973076</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>THEIS, JOHN R</b> <b>2651 MAPLELOFT LANE</b> <b>SARASOTA, FL 34232</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALLACE, PETER D</b> <input type="checkbox"/> Delete <b>5360 GULF OF MEXICO DR, SUITE 108</b> <b>LONGBOAT KEY, FL 34228</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 		<b>PETER D WALLACE</b>		<b>3/26/04</b> Date	<b>941 387-0746</b> Daytime Phone #