## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000064116

POWELL, JUDITH L

STUART, FL 34996

494 KRUEGER CREEK PLACE

Name:

Address: City-St-Zip:

Entity Name: WILLIAM WALLACE ENTERPRISES, INC.

FILED Mar 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3801 SOUTHEAST FEDERAL HIGHWAY STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 3801 SOUTHEAST FEDERAL HIGHWAY STUART, FL 34997 FEI Number: 65-1023153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALLACE, WILLIAM L 3801 SE FÉDERAL HWY STUART, FL 34997 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WALLACE, WILLIAM L Name: Name: 3801 SOUTHEAST FEDERAL HIGHWAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: **VPS** Title: () Delete () Change () Addition Name: SMITH, DILEE Name: 175 DOVE CIRCLE Address: Address: ROYAL PALM BEACH, FL 33411 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH L. POWELL AS 03/21/2006