
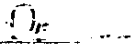
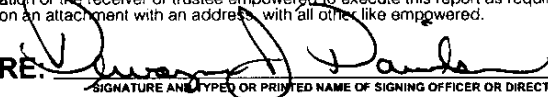


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90081 001 ***158.75

DOCUMENT # P01000024210					
1. Entity Name TALLROCK, INC.					
Principal Place of Business 4529 CHUMUCKLA HWY SUITE B PACE, FL 32571			Mailing Address 4529 CHUMUCKLA HWY SUITE B PACE, FL 32571		
2. Principal Place of Business - No P.O. Box # 4529 Chumuckla Hwy			3. Mailing Address 4529 Chumuckla Hwy		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent WILSON, JERRY R 4529 CHUMUCKLA HWY SUITE B PACE, FL 32571				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE: 					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	DAVIDSON, DEWAYNE J				
STREET ADDRESS	5663 CHAMPIONS DRIVE				
CITY - ST - ZIP	PACE, FL 32571				
TITLE	V	<input type="checkbox"/> Delete			
NAME	WILSON, JERRY R				
STREET ADDRESS	4529 CHUMUCKLA HWY, SUITE B				
CITY - ST - ZIP	PACE, FL 32571				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BRAUNECK, DOUG A				
STREET ADDRESS	3960 OVERLOOK CIRCLE				
CITY - ST - ZIP	PACE, FL 32571				
TITLE	T	<input type="checkbox"/> Delete			
NAME	WILSON, W S				
STREET ADDRESS	3549 SMYER DR				
CITY - ST - ZIP	PACE, FL 32571				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 			1-17-07 850-475-6131		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		