FILED 2005 FOR PROFIT CORPORATION Apr 30, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000095370** 1. Entity Name THE LAW OFFICES OF DEIRDRE A. WALLACE, P.A. Principal Place of Business Mailing Address 34 N. 14TH STREET PO BOX 15067 SUITE C FERNANDINA BEACH, FL 32035 FERNANDINA BEACH, FL 32034 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN T 4. FEI Number 37-1440779 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALLACE, DEIRDRE A DO NOT WRITE 917 WHITE STREET FERNANDINA BEACH, FL 32034 IN THIS SPACE 3. 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulted when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE **PVS** WALLACE, DEIRDRE A NAME 917 WHITE STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. Indicated on this report or supplement of the corporation of the receiver of the changed, or on an attachment with a

SIGNATURE:

SIGNATURE AND

Applied For

Not Applicable