2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115874

1. Entity Name

WALLACE VENTURES INC.



Principal Place of Business Mailing Address

5800 BEACH BLVD

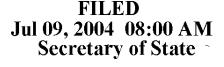
PMB 203

JACKSONVILLE, FL 32207

5800 BEACH BLVD

PMB 203

JACKSONVILLE, FL 32207





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07072004 No Cha-P CR2E034 (10/03)

4. FEI Number 13-4217457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, PHILLIP C 6855 POTTSBURG DR JACKSONVILLE, FL 32216

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The above named entity submits	this statement for the purpose of changing its registered office or registered	l agent, or both, in the State of Florida. I am familiar with, ar	id accept
the obligations of registered age	กt.	•	

FILE NOWILL FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLACD, PHILLIP C 5800 BEACH BLVD PMB 203 JACKSONVILLE, FL 32207
TIFLE NAME STREET ADORESS GITY-ST-ZIP	DVP WALLACE, DEAWNA J 5800 BEACH BLVD PMB 203 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. Thereby certify that the information supplied with this filing does not quality 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. I further certify 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. I further certify that the information indicated in 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. PHILLIP C. WALLACE

SIGNATURE:

NAME STREET ADDRESS CITY-\$1-ZIP

NAME STREET ADDRESS CITY-ST-ZIP THLE MAME STREET ADDRESS