## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000115874

Entity Name: WALLACE VENTURES INC.

JACKSONVILLE, FL 32207

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5800 BEACH BLVD PMB 203 JACKSONVILLE, FL 32207 **New Mailing Address: Current Mailing Address:** 5800 BEACH BLVD PMB 203 JACKSONVILLE, FL 32207 FEI Number: 13-4217457 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, PHILLIP C 6855 POTTSBURG DR JACKSONVILLE, FL 32216 US 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 WALLACD, PHILLIP C Name: Name: 5800 BEACH BLVD PMB 203 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: ( ) Delete Title: DVP Title: () Change () Addition Name: WALLACE, DEAWNA J Name: 5800 BEACH BLVD PMB 203 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: PHILLIP C. WALLACE DP 04/29/2005