

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005941

**FILED**  
**Mar 15, 2006**  
**Secretary of State**

**Entity Name:** DAVID WALLACE SOUND DESIGN, INC.

**Current Principal Place of Business:**

13136 MEADOWFIELD DR  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

3995 PEMBERLY PINES CIRCLE  
ST CLOUD, FL 34769 US

**Current Mailing Address:**

13136 MEADOWFIELD DR  
ORLANDO, FL 32824 US

**New Mailing Address:**

3995 PEMBERLY PINES CIRCLE  
ST CLOUD, FL 34769 US

**FEI Number:** 13-4238816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, DAVID  
13136 MEADOWFIELD DR  
ORLANDO, FL 32824 US

**Name and Address of New Registered Agent:**

WALLACE, DAVID C  
3995 PEMBERLY PINES CIRCLE  
ST CLOUD, FL 34769 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: DAVID WALLACE

03/15/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALLACE, DAVID  
Address: 13136 MEADOWFIELD DR  
City-St-Zip: ORLANDO, FL 32824

Title: VP ( ) Delete  
Name: FRITSCHY, TERESA  
Address: 13136 MEADOWFIELD DR  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WALLACE, DAVID  
Address: 3995 PEMBERLY PINES CIRCLE  
City-St-Zip: ST CLOUD, FL 34769

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DAVID WALLACE

P

03/15/2006

Electronic Signature of Signing Officer or Director

Date