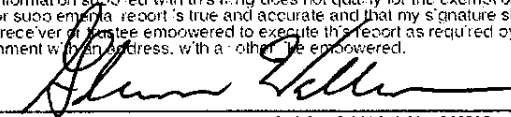


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90023 039 ***150.00

DOCUMENT # P03000117514					
1. Entity Name WALLACE INTERIOR INSTALLERS INC.					
Principal Place of Business 1908 POPPY LN PORT ORANGE, FL 32128			Mailing Address 1908 POPPY LN PORT ORANGE, FL 32128		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALLACE, GLENN 1908 POPPY LN PORT ORANGE, FL 32128				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 _____ Signature, handwritten name of registered agent and title, fees paid, and date. Signature of registered agent is required when changing.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DP	☐ Delete			
NAME	WALLACE, GLENN				
STREET ADDRESS	1908 POPPY LN				
CITY, ST, ZIP	PORT ORANGE, FL 32128				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY, ST, ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this report or subsequent 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 a title, or both, as empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					