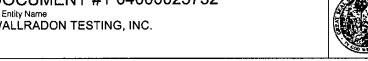
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000025732 WALLRADON TESTING, INC.

**FILED** Mar 27, 2007 08:00 AM **Secretary of State** 



Principal Place of Business

195 5TH STREET BONITA SPRINGS, FL 34134 Mailing Address

195 5TH STREET

**BONITA SPRINGS, FL 34134** 



## DO NOT WRITE IN THIS SPACE

02212007 140	Olig-i Oliz	12004 (11700)	
4. FEI Number		Applied For	
59-3784101		Not Applicable	
5. Certificate of Status	Desired	\$8.75 Additional	

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALL, DOUGLAS 195 5TH STREET BONITA SPRINGS, FL 34134

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

3-23-07

Daytime Phone #

SIGNATURE					
	Signature, typed or printed name of registered agent and little	if applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALL, JANET K 195 5TH STREET BONITA SPRINGS, FL 34134				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WALL, DOUGLAS 195 5TH STREET BONITA SPRINGS, FL 34134				U00000680543 04/04/07-80008-022 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TIILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attactment with an address, with all other like empowered.					

Janet K. Wall

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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