

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018863

Entity Name: WALLABY INC.

FILED  
Jul 07, 2006  
Secretary of State

## Current Principal Place of Business:

347 SW DUXBURY AVE.  
PORT ST LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

347 SW DUXBURY AVE.  
PORT ST LUCIE, FL 34983 US

## New Mailing Address:

FEI Number: 20-2291455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, DEE DEE  
347 SW DUXBURY AVE.  
PORT ST LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

WILSON, DEE DEE PRES  
347 SW DUXBURY AVE.  
PORT ST LUCIE, FL 34983 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: DEE DEE WILSON, PRES

07/07/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, DEE DEE  
Address: 347 SW DUXBURY AVE.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: T ( ) Delete  
Name: WILSON, DEE DEE  
Address: 347 SW DUXBURY AVE.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP ( ) Delete  
Name: WILSON, CHARLES  
Address: 347 SW DUXBURY AVE.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: S ( ) Delete  
Name: WILSON, CHARLES  
Address: 347 SW DUXBURY AVE.  
City-St-Zip: PORT ST LUCIE, FL 34983 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DEE DEE WILSON, PRES

PRES

07/07/2006

Electronic Signature of Signing Officer or Director

Date