

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90093 045 \*\*\*158.75

<b>DOCUMENT # P06000020136</b> 1. Entity Name <b>WALL WRIGHT, INC.</b>					
Principal Place of Business <b>6 POINT VIEW PLACE COCOA, FL 32922</b>			Mailing Address <b>6 POINT VIEW PLACE COCOA, FL 32922</b>		
2. Principal Place of Business - No P.O. Box # <b>765 N. Wickham Rd.</b>		3. Mailing Address <b>902 Camden Ave. N. W.</b>			
Suite, Apt. #, etc. <b>Suite, 103</b>		Suite, Apt. #, etc. 			
City & State <b>Melbourne, FL</b>		City & State <b>Palm Bay, FL</b>		4. FEI Number <b>20-4296005</b>	
Zip <b>32935</b>		Country <b>Brevard</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, CARROLL D III 6 POINT VIEW PLACE COCOA, FL 32922</b>		7. Name and Address of New Registered Agent Name <b>Wall, Elizabeth W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>902 Camden Ave. N. W.</b> City <b>Palm Bay</b> <b>FL</b> Zip Code <b>32907</b>			
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 <u><i>Elizabeth W. Wall</i></u> <b>Elizabeth W. Wall President</b> <b>1-15-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WRIGHT, CARROLL D III 6 POINT VIEW PLACE COCOA, FL 32922</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Wall, Elizabeth W 902 Camden Ave. N. W. Palm Bay, FL 32907</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wright, Carroll D III 6 Point View Place Cocoa, FL 32926</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Wall, Roger S. 902 Camden Ave. N. W. Palm Bay, FL 32907</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Saunders-Wright, Phillis G. 6 Point View Place Cocoa, FL 32926</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Elizabeth W. Wall</i></u> <b>Elizabeth W. Wall</b> <b>1-15-07</b> <b>321 722-0881</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					