

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011791

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: P.A. WALLACE & ASSOCIATES INC.

## Current Principal Place of Business:

1350 ORANGE AVENUE  
# 230  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

1350 ORANGE AVENUE  
SUITE 230  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 59-3154903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, PATRICIA A  
1350 ORANGE AVE  
# 230  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLACE, PATRICIA A  
Address: 2587 PORTERVIEW WAY  
City-St-Zip: ORLANDO, FL 32812

Title: CEO ( ) Delete  
Name: WALLACE, PATRICIA  
Address: 2587 PORTERVIEW WAY  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: WALLACE, PATRICIA A  
Address: 2587 PORTERVIEW WAY  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: CIGANEK, MARY E  
Address: 4532 W KENNEDY BLVD 148  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: WALLACE, EDWARD C.  
Address: 1350 ORANGE AVE #230  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: WALLACE, EDWARD C  
Address: 1350 ORANGE AVENUE #230  
City-St-Zip: WINTER PARK, FL 32789

## 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:

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 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: PATRICIA A. WALLACE

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date