2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P92000011791

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:

1350 ORANGE AVENUE
230
WINTER PARK, FL 32789

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

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

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 04/28/2009
Electronic Signature of Signing Officer or Director — Date