


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


06 FEB -7 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P93000012646</b> 1. Entity Name WALLABY RANCH, INC.	
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Principal Place of Business 1698 LAKESIDE DRIVE ORLANDO, FL 32803	Mailing Address ATTN: JOHN A. JONES POST OFFICE BOX 1288 TAMPA, FL 33601
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DO NOT WRITE IN THIS SPACE

	
01062006    No Chg-P    CR2E034 (11/05) <span style="float: right;">06</span>	
4. FEI Number 59-3167064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORP.  
 701 BRICKELL AVENUE, STE. 3000  
 MIAMI, FL 33131

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MALCOLM A 1698 LAKESIDE DRIVE ORLANDO, FL 32803
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100066554421  
02/24/06--01013--014 \*\*150.00

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.

SIGNATURE: Malcolm Jones      Date: 1-24-06      Daytime Phone #: 863-424-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR