


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

4/20/

04-20-2007 90206 007 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # S20435</b><br>1. Entity Name<br><b>WALLACE BUILDERS, INC.</b>  |   |   |
| Principal Place of Business<br><b>595 45TH AVENUE<br/>VERO BEACH, FL 32962</b>   |   | Mailing Address<br><b>595 45TH AVENUE<br/>VERO BEACH, FL 32962</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 04092007 No Chg-P CR2E034 (11/05)  |   |  |
| 4. FEI Number<br><b>65-0251492</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional<br/>Fee Required</b>  |
| 6. Name and Address of Current Registered Agent<br><br><b>FANARO, RON<br/>7555 20TH STREET<br/>VERO BEACH, FL 32961</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</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.<br>SIGNATURE <u><i>Kyle Wallace</i></u> DATE <u>4/12/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>WALLACE, KYLE<br>595 45TH AVENUE<br>VERO BEACH, FL 32962   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | VP<br>WALLACE, SUSAN<br>595 45TH AVENUE<br>VERO BEACH, FL 32962 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |  |
| 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: <u><i>Kyle Wallace</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u>5/3/07</u> <u>772 633-1624</u><br><small>Date Daytime Phone</small>   |