2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2006 08:00 AM

| DOCU | | - Secretary of State | | | |
|--|---|--|----------------------------|--|---|
| DOCUMENT # 637125 | | | Secretary of State | | |
| 1. Entity Nat | ne & WELLBERY, P.A. | | | | |
| } | o tradeocitifi or | | | | |
| Principal Plan | ce of Business | Marie and deline | No. | | |
| 1 ' | eral Highway | Mailing Address 440 S. FEDERAL HIGHWAY | | | |
| SUITE 204 | | SUITE 204 | | | |
| DEEKHELU, | FL 33441 US | DEERFIELD BEACH, FL 33441 | US | E TENNER BUTTE 11995 FEBRU STONE STEELS STONE STEELS BOW BUTTE BUTTE STORES BUTTE BUTTE FOR 1885 | 8 |
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| | | | | 04292006 No Chg-P CR2E034 (11/05) | |
| DO NOT WRITE IN THIS SPA | | | CF | \ | |
| Ţ - | | me iriio oi A | - | 6. FEI Number Applied Fo 59-1933082 Not Applied | |
| { | | | | 5 Certificate of Status Desired \$8.75 Additional | |
| | 5. Name and Address of Gurrent Re | gletered Agent | | Fee Required | |
| MELLET | | | | | |
| | RY, WILLIAM J DERAL HIGHWAY | . = | | DO NOT WRITE | |
| SUITE 20 | \$ _D BEACH, FL 33441 | • - | | IN THIS SPACE | |
| } | D BEMONT 20341 | · | | W THO OFFICE | |
| 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 | | | | | |
| Signature, typed or printed name of registered agent and title it applicable (NOTE: Registured. | | | d Agent signature required | when reinstaling) DATE | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan | | | | | |
| FIL | E NOWIII FEE IS \$150.00 | | icing _ \$5. | .00 May Be | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | | icing \$5. | OO May Be ed to Fees | |
| After M | ay 1, 2006 Fee will be \$550.00 OFFICERS AND DI | Trust Fund Contribution. | cing \$5. | .00 May Be ed to Fees | |
| After M | OFFICERS AND DI | Trust Fund Contribution. | icing \$5. | .00 May Be ed to Fees | |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND DI OFFICERS AND DI PTD WELLBERY, WILLIAM J. 440 S. FEDERAL HIGHWAY, #204 | Trust Fund Contribution. | cing \$5. | OO May Be ed to Fees | |
| After M 10. TITLE NAME STREET ADDRESS GITT-ST-ZIP | OFFICERS AND DI PTD WELLBERY, WILLIAM J. | Trust Fund Contribution. | ecing \$5. | | |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND DI OFFICERS AND DI PTD WELLBERY, WILLIAM J. 440 S. FEDERAL HIGHWAY, #204 | Trust Fund Contribution. | icing \$5. | 100000551639 | |
| After M 10. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DI OFFICERS AND DI PTD WELLBERY, WILLIAM J. 440 S. FEDERAL HIGHWAY, #204 | Trust Fund Contribution. | ecing \$5. | | |
| After M 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI OFFICERS AND DI PTD WELLBERY, WILLIAM J. 440 S. FEDERAL HIGHWAY, #204 | Trust Fund Contribution. | ecing \$5. | 100000551639 | |
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| After M 10. 10. 10. 10. 10. 10. 10. 10 | OFFICERS AND DI OFFICERS AND DI PTD WELLBERY, WILLIAM J. 440 S. FEDERAL HIGHWAY, #204 | Trust Fund Contribution. | ecing \$5. | U00000551638 05/13/06-80106-020 150.00 DO NOT WRITE | |
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12. Thereby certify that the information supplied with this filling 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 certify that I am an efficier 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: Allien A Wellberg WILLIAM J. WELLBERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

95 Y- 480- 85 41 Daytime Phone 8