2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F01000000095

1. Entity Name
WEAL SEA INC.

Principal Place of Business	Mailing Address
2227 SE 20TH PLACE CAPE CORAL, FL 33990	2227 SE 20TH PLACE CAPE CORAL, FL 33990

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-1845119	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MADSEN, DOUGLAS R
2227 SE 20TH PLACE
CAPE CORAL, FL 33990

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐	**$5.00** May Be Added to Fees	IJODJOD383825 01/13/06-80013-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MADSEN, DOUGLAS R
STREET ADDRESS	2227 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VSTD
NAME	MADSEN, VERONICA J
STREET ADDRESS	2227 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Veronica J Madsen   Veronica J Madsen   01-09-06   239-458-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #