2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name WELLINGTON ELECTRIC INC.



Principal Place of Business

3103 FORTUNE WAY

SUITE 2 WELLINGTON, FL 33414 Mailing Address

3103 FORTUNE WAY SUITE 2

WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04152008 No Chg-P

Applied For 4. FEI Number Not Applicable 59-2713389

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, ROBERT S. 1706 DORCHESTER PLACE WELLINGTON, FL 33414

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 the above named entity submits this statement for the purpose of change the obligations of registered agent. 	ing its registered diffee or registered agent. Or both	an the state of Florida. For farming	, and accopt
SIGNATURE		<u> </u>	
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when rainstating)	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

OFFICERS AND DIRECTORS 10. PTS TITLE NAME PALMER, RUTH T. 1706 DORCHESTER PLACE STREET ADDRESS WELLINGTON, FL 33414 CITY - ST - ZIP TITLE PALMER, ROBERT S NAME STREET ADDRESS 1706 DORCHESTER PL CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ence Ruth T. Palmer, President 4-24-08 (500) 798-8811