

**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

08 DEC 15 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P94000048553</b>	
1. Entity Name <b>WELLINGTON MANAGEMENT, INC.</b>	

Principal Place of Business <b>3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414</b>	Mailing Address <b>6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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12052008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0504842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>ANTHONY KALLICHE, ESQUIRE 2950 N 28 TERRACE HOLLYWOOD, FL 33020</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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 _____
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<b>Amended AR is \$61.25</b>	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	VPD KURTZ, JOHN C 100 VISTA ROYAL BLVD. VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWSOME, JOHN 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLLINS, CHARLES D 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRIEDRICHSEN, JOHN B 1140 BAY STREET TORONTO, ON M5S2B4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COOKE, DOUGLAS G 1140 BAY STREET TORONTO, ON M5S 2B4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENDY, LANG 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> Titleman, Stephan 2950 N 28 Terr. Hollywood, FL 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Roses Tom 2950 N 28 Terr. Hollywood, FL 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Strunin, Richard 1815 Griffin Rd. Suite 404 Dania Beach, FL 33004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800139024678</b> 12/15/08--01060--006 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> <u>Wendy Lang</u>	Date: <u>12/10/08</u>	Daytime Phone #: <u>954-926-1841</u>
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*Wendy J. Lang, Secy. Treas*