2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# 586027

Entity Name: M. WELLS, INC.

Current Principal Place of Business:

5919-3 COMMONWEALTH AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7950
JACKSONVILLE, FL 322380950 US

New Mailing Address:

FEI Number: 59-1844716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, MICHAEL I
24685 NW 22ND AVE
LAWTEY, FL 32058 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: WELLS, MICHAEL I
Address: 24685 NW 22ND AVE
City-St-Zip: LAWTEY, FL 32058

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: WELLS, MICHAEL I
Address: 24685 NW 22ND AVE
City-St-Zip: LAWTEY, FL 32058

Title: VDS ( ) Change (X) Addition
Name: WELLS, TAMMY M
Address: 24685 NW 22ND AVE
City-St-Zip: LAWTEY, FL 32058

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE WELLS P 08/17/2005

Electronic Signature of Signing Officer or Director Date