


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 042 ***150.00

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| DOCUMENT # F01406 1. Entity Name DIZZY WELLS, INC. |  |
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| Principal Place of Business 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223 | Mailing Address 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223 |
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2040343 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID
170 WEST DEARBORN ST
ENGLEWOOD, FL 34223**

**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 of the person who is changing the registered office or registered agent, or both, in the State of Florida. If the registered agent is changing, the signature of the registered agent must also be provided.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD WELLING, MICHAEL J 1975 GEORGIA AVE ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | STD WELLING, MAUREEN 1975 GEORGIA AVE ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  **4/9/07** **941-473-9577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR