2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000001639

1. Entity Name
COVINGTON CAPITAL CORP. OF ALBUQUERQUE

Principal Place of Business	Mailing Address
1001 E. ATLANTIC AVE. SUITE 202 DELRAY BEACH, FL 33483 US	1000 MARKET STREET SUITE 300 PORTSMOUTH, NH 03801 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-3578659	Not Applicable

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

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD
1001 E. ATLANTIC AVE.
SUITE 201
DELRAY BEACH, FL 33483

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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 _____   DATE

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000674846 03/29/07-80088-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WENDEL, GERALD
STREET ADDRESS	201 SILVERLODE DRIVE
CITY-ST-ZIP	ASPEN, CO 81611

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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: _____   1/23/07   (603) 559-2100

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

Gerald Wendel