2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# H72883

Entity Name: WELLS, INC.

Current Principal Place of Business:

% KATHLEEN M. WELLS
1701 COMMERCE AVE
HAINES CITY, FL 33844

New Principal Place of Business:

% WILLIAM C. WELLS
1701 COMMERCE AVE
HAINES CITY, FL 33844 US

Current Mailing Address:

% KATHLEEN M. WELLS
1701 COMMERCE AVE
HAINES CITY, FL 33844

New Mailing Address:

% WILLIAM C. WELLS
1701 COMMERCE AVE
HAINES CITY, FL 33844 US

FEI Number: 59-2570370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELLS, KATHLEEN M.
1700 COMMERCE AVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

WELLS, WILLIAM C.
1700 COMMERCE AVE
HAINES CITY, FL 33844 US

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: WILLIAM C. WELLS 10/12/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WELLS, WILLIAM C.,
Address: 1701 COMMERCE AVE.
City-St-Zip: HAINES CITY, FL

Title: DS (X) Delete
Name: WELLS, KATHLEEN M.,
Address: 1701 COMMERCE AVE.
City-St-Zip: HAINES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM C. WELLS DP 10/12/2006
Electronic Signature of Signing Officer or Director Date