
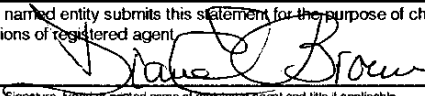
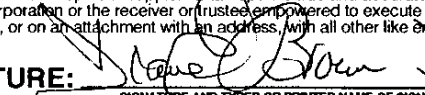


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 046 ***150.00

50020505

DOCUMENT # J11755			
1. Entity Name WELLSPRING LIMITED, INC.			
Principal Place of Business 348 INDIAN KEY WAY ENGLEWOOD, FL 34223 US		Mailing Address P O BOX 1925 ENGLEWOOD, FL 34295 US	
2. Principal Place of Business 64 Golfview Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Rotonda West, FL		City & State	
Zip 33947	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BROWN, DIANE E. 348 INDIAN KEY WAY ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name BROWN, DIANE E. Street Address (P.O. Box Number is Not Acceptable) 64 Golfview Road City Rotonda West FL Zip Code 33947	
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:  DIANE E. BROWN, President 02/25/05 <small>Signature, Print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete BROWN, DERRICK W. 348 INDIAN KEY WAY ENGLEWOOD, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64 Golfview Rd. Rotonda West FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BROWN, DIANE E. 348 INDIAN KEY WAY ENGLEWOOD, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64 Golfview Rd. Rotonda West FL 33947
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 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:  DIANE E. BROWN 02/25/05 941.460.0300		Date Daytime Phone #	