## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J11755 1. Entity Name WELLSPRING LIMITED, INC. Principal Place of Business 64 GOLF VIEW ROTONDA WEST, FL 33947 US Mailing Address P 0 BOX 1925 ENGLEWOOD, FL 34295 US DO NOT WRITE IN THIS SPACE

FILED Apr 18, 2007 08:00 A Secretary of State



04152007	No Chg-P	CR2E034 (11/05)

 4. FEI Number
 Applied Fo

 59-2666607
 Not Applie

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DIANE E. 64 GOLF VIEW ROTONDA WEST, FL 33947

## DO NOT WRITE IN THIS SPACE

SIGNATURE  Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinslating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Signature: typed to triffied name of registered agent and life it applicable (NOTE Registered Agent signature required whon reinstating)  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					DATE	
10.	OFFICERS AND DIRE	CTORS			•. •	
NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, DERRICK W. 64 GOLF VIEW RD ROTONDA WEST, FL 33947			· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DIANE E. 64 GOLF VIEW RD ROTONDA WEST, FL 33947			۴.	•	
NAME SIREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. 04	U00000714493 /27/07-80026-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			

8. The above named entity submits this statement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered agent, or both, in the State of Florida.

<sup>12.</sup> 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 direct 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 changed, or on an attachment with an address with all other like empowered.