

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90026 050 ***150.00

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DOCUMENT # J11755 1. Entity Name WELLSPRING LIMITED, INC.						
Principal Place of Business 64 GOLF VIEW ROTONDA WEST, FL 33947 US			Mailing Address P O BOX 1925 ENGLEWOOD, FL 34295 US			
2. Principal Place of Business - No P.O. Box # 5441 18th Ct. W. Suite, Apt. #, etc.			3. Mailing Address PO Box 10368 Suite, Apt. #, etc.			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 59-2666607		
Zip 34207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROWN, DIANE E. 64 GOLF VIEW ROTONDA WEST, FL 33947				7. Name and Address of New Registered Agent Name Diane E. Brown Street Address (P.O. Box Number is Not Acceptable) 5441 18th Ct. W. City Bradenton FL 34207		
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 DATE 04/11/08 <small>(NOTE: Registered Agent signature required when re-appointing)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 CD NAME BROWN, DERRICK W. STREET ADDRESS 64 GOLF VIEW RD CITY-ST-ZIP ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete			TITLE CD NAME Brown, Derrick W. STREET ADDRESS 5441 18th Ct W. CITY-ST-ZIP Bradenton, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BROWN, DIANE E. STREET ADDRESS 64 GOLF VIEW RD CITY-ST-ZIP ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete			TITLE PD NAME Brown, Diane E. STREET ADDRESS 5441 18th Ct. W. CITY-ST-ZIP Bradenton FL 34207	<input checked="" 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	
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	
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 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: DIANE E. BROWN, Pres. DATE 04/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

Device Name #