


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # J33645
 1. Entity Name
WELLINGTON ELECTRIC INC.



Principal Place of Business 3103 FORTUNE WAY SUITE 2 WELLINGTON, FL 33414	Mailing Address 3103 FORTUNE WAY SUITE 2 WELLINGTON, FL 33414
--	--

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2713389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, ROBERT S.
 1706 DORCHESTER PLACE
 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS PALMER, RUTH T. 1706 DORCHESTER PLACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALMER, ROBERT S 1706 DORCHESTER PL WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000721894
 05/02/07-80009-024 150.00

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: Ruth T. Palmer Ruth T. Palmer Pres 1-29-07 (561) 798-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #