

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90028 023 ***150.00

DOCUMENT # K58358

1. Entity Name
ROYAL WELLINGTON, INC.



Principal Place of Business
% CECILIA KAYO
640 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714-7333

Mailing Address
% CECILIA KAYO
640 LITTLE WEKIVA RD
ALTAMONTE SPRINGS, FL 32714-7333

60000678



2. Principal Place of Business
CECILIA KAYO
Suite, Apt. #, etc.
933 LEE ROAD, SUITE 400B
City & State
ORLANDO, FL
Zip
32810 Country
USA

3. Mailing Address
CECILIA KAYO
Suite, Apt. #, etc.
933 LEE ROAD, SUITE 400B
City & State
ORLANDO, FL
Zip
32810 Country
USA

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2945881 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CECILIA KAYO
640 LITTLE WEKIVA RD.
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

NEW Street Address (P.O. Box Number is Not Acceptable)

933 LEE ROAD, SUITE 400B

City **ORLANDO**

FL

Zip Code
32810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
DPT
KAYO, CECILIA
STREET ADDRESS
640 LITTLE WEKIVA RD
CITY-ST-ZIP
ALTAMONTE SPRINGS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHANG NEW ADDRESS. ☒ Change ☐ Addition
933 LEE ROAD, SUITE 400B
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

CECILIA KAYO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

Date

(407) 709 1348

Daytime Phone #