
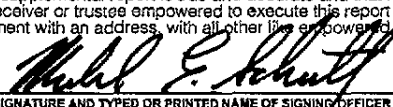


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L36422 1. Entity Name WELLCORP I, INC.			
Principal Place of Business 1500 WEST CYPRESS CREEK ROAD SUITE 409 FORT LAUDERDALE, FL 33309 US		Mailing Address 1500 WEST CYPRESS CREEK ROAD SUITE 409 FORT LAUDERDALE, FL 33309 US	
DO NOT WRITE IN THIS SPACE			
		02242006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0176152		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			
SCHULTZ, MICHAEL E C/O BRINNER REAL ESTATE GROUP 1500 WEST CYPRESS CREEK ROAD., #409 FORT LAUDERDALE, FL 33309		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 _____ <small>Signature, typed 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000554213 05/15/06-80083-005 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHULTZ, MICHAEL E 2830 LONA MEADOW DRIVE WEST PALM BEACH, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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 lines empowered.			
SIGNATURE: 		4/13/06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	