

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005741

1. Entity Name
WELL-SPRING PREVENTION, INC.



Principal Place of Business
18932 BOB-O-LINK DRIVE
MIAMI, FL 33015

Mailing Address
P.O. BOX 5752
MIAMI, FL 33014



02282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1150580	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

ROACH, ELAINE
18932 BOB-O-LINK DR
MIAMI, FL 33015

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROACH, ELAINE
STREET ADDRESS	PO BOX 5752
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	VPD
NAME	JULMISSE, ELDRIDGE
STREET ADDRESS	PO BOX 5752
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	TD
NAME	SHIELDS, LLOYD
STREET ADDRESS	PO BOX 5752
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	SD
NAME	ROACH, ALDYTH
STREET ADDRESS	PO BOX 5702
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000534842
05/08/06-80028-018 61.25

**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 617, 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: ELAINE ROACH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

(305) 816-5800
Daytime Phone #