2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006843

FILED Apr 28, 2009 Secretary of State

Entity Name: WELLINGTON ALL-STAR CHEER AND DANCE ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ORTUNE WA TON, FL 334 [,]				
Current Mailing Address:			New Mailing Address:		
	PER WAY TON, FL 334	14			
El Number:	: 65-1141101	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	ARIAN PER WAY TON, FL 334	148826 US			
		submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
n the State	e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
n the State	e of Florida. ´ RE:	·			
n the State	e of Florida. RE: Electro	nic Signature of Registered Age	ent	Date	
n the State	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Age CTORS:) Delete ARCIA R WAY	ent		
n the State BIGNATUF DFFICERS Title: Jame: Address: City-St-Zip: Title: Jame: Address:	e of Florida. RE: Electro S AND DIRECTO D (HAROLDO, GA 2698 COOPER WELLINGTON	nic Signature of Registered Age CTORS:) Delete ARCIA R WAY , FL 33414) Delete IN IROD RD.	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS	
n the State BIGNATUF DFFICERS Title: Name: Address:	E of Florida. RE: Electro S AND DIRECT D (HAROLDO, GA 2698 COOPER WELLINGTON D (LAMB, LEE AN 1049 GOLDEN WELLINGTON	nic Signature of Registered Age CTORS:) Delete RCIA R WAY , FL 33414) Delete IN IROD RD. , FL 33414) Delete ELLE NER LN	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIAN RONK D 04/28/2009