


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90050 025 ***150.00

DOCUMENT # P00000100778			
1. Entity Name WELLINGTON REALTY, INC.			
Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414		Mailing Address 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414	
2. Principal Place of Business		3. Mailing Address c/o Corporation Service Company	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		1201 Hays Street City & State Tallahassee, FL	
Zip	Country	Zip	Country
		32301	US
6. Name and Address of Current Registered Agent NEWSOME, JOHN W 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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 <i>Maureen Cullen, Asst. V.P.</i>		DATE 3/15/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



03082005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1057568 Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, JOHN C	NAME	
STREET ADDRESS	100 VISTA ROYALE BLVD	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32962	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, JOHN W	NAME	
STREET ADDRESS	13613 BARBERRY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLLINS, CHARLES D	NAME	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDRICHSEN, JOHN B	NAME	
STREET ADDRESS	1140 BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON MSS2B4	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, DOUGLAS G	NAME	
STREET ADDRESS	1140 BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON MSS2B4	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/05

(416) 960-9500