

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.

1201 Hays Street

City & State

City & State
Tallahassee, FL

Zip

Country

Zip

32301

Country

US

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

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

Maureen Culb, Asst V.P.

3/15/05

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, 2005 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
STREET ADDRESS
CITY-ST-ZIP
**VD
KURTZ, JOHN C
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEWSOME, JOHN W
13613 BARBERRY DRIVE
WELLINGTON, FL 33414**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SOLLINS, CHARLES D
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FRIEDRICHSEN, JOHN B
1140 BAY STREET
TORONTO, ON M5S2B4**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COOKE, DOUGLAS G
1140 BAY STREET
TORONTO, ON M5S2B4**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
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