


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90224 047 \*\*\*150.00

**DOCUMENT # P00000100778**  
 1. Entity Name  
**WELLINGTON REALTY, INC.**



Principal Place of Business: **3461-B FAIRLANE FARMS RD. WELLINGTON FL 33414**  
 Mailing Address: **C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: City & State  
 Zip: Country

4. FEI Number **65-1057568**  
 Applied For:  Not Applicable

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KURTZ, JOHN C	
STREET ADDRESS	100 VISTA ROYALE BLVD	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWSOME, JOHN W	
STREET ADDRESS	<del>13013 BARBERRY DRIVE</del>	
CITY-ST-ZIP	<del>WELLINGTON FL 33414</del>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SOLLINS, CHARLES D	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDRICHSEN, JOHN B	
STREET ADDRESS	1140 BAY STREET	
CITY-ST-ZIP	TORONTO ON MSS2B-4	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOKE, DOUGLAS G	
STREET ADDRESS	1140 BAY STREET	
CITY-ST-ZIP	TORONTO ON MSS2B-4	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3461-B fairlane farms Rd.	
CITY-ST-ZIP	wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE:  President

Date: **3/14/06** Daytime Phone #: **561-795-7767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR