2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # P00000100778** 1. Entity Name WELLINGTON REALTY, INC. 08 DEC 15 AM 10: 57 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3461-B FAIRLANE FARMS RD. C/O CORPORATION SERVICE COMPANY WELLINGTON, FL 33414 1201 HAYS STREET TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12052008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1057568 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. Lam familiar with, and accept the obligations of registered agent. 12/15/08-01060-004 **61.25 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61,25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE Detete TITLE ☐ Change Addition Titleman Stephan 2950 N'28 7er KURTZ, JOHN C NAME NAME STREET ADDRESS 100 VISTA ROYALE BLVD STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition Tomas Roses NEWSOME, JOHN W NAME NAME 2950 N 28 Ter STREET ADDRESS 3461-B FAIRLANE FARMS RD STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE CD □ Delete TITLE 🛣 Change ☐ Addition SOLLINS, CHARLES D Sollins Charles D. 6300 Park of Commerce Blvd. Roca Raton, FL 33487 NAME STREET ADDRESS 6300 PARK OF COMMERCE BLVD STREET ADDRESS CiTY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7IP AS mednichsen, John B TITLE SD ☐ Delete TITLE Change ☐ Addition FRIEDRICHSEN, JOHN B NAME NAME 1140 Bay Street STREET ADDRESS 1140 BAY STREET STREET ADDRESS Toronto, ON M552B4 TORONTO, ON M552B4 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition Cooke, Douglas G COOKE, DOUGLAS G NAME NAME 1140 Bay street STREET ADDRESS STREET ADDRESS 1140 BAY STREET CITY-ST-ZIP TORONTO, ON M552B4 CITY-ST-ZIP Turonto, ON M552BY TITLE AS ☐ Delete TITLE Addition Lang, Wendy 6300 Park of Commerce Blvd. WENDY, LANG NAME NAME STREET ADDRESS 6300 PARK OF COMMERCE BLVD. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP Boca Raton, FL 33487 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 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. 054-926-1841 10/10/08 lung n

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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 12082008 Chg-P CR2E034 (12/06) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Status Desired Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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, an the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	oplicable nal
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NAME WENDY, LANG STREET ADDRESS 6300 PARK OF COMMERCE BLVD. STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP	
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 info 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 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 B changed, or on an attachment with an address, with all other like empowered,	director
SIGNATURE: WAR 10/10/08 954926184/	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date	