

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109520

Entity Name: WELLS COOKERY, INC.

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

2155 PALM BAY ROAD NE, UNIT #9  
PALM BAY, FL 32905

## New Principal Place of Business:

255 PARK AVE  
SATELLITE BEACH, FL 32937

## Current Mailing Address:

2155 PALM BAY ROAD NE, UNIT #9  
PALM BAY, FL 32905

## New Mailing Address:

255 PARK AVE  
SATELLITE BEACH, FL 32937

FEI Number: 59-3682994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, VICTOR R  
170 NORWOOD AVE.  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

WELLS, VICTOR R  
255 PARK AVE  
SATELLITE BEACH, FL 32937 US

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.

SIGNATURE: VICTOR R WELLS

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: WELLS, VICTOR R  
Address: 288 PARK AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VS ( ) Delete  
Name: WELLS, MOLLY  
Address: 255 PARK AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: WELLS, VICTOR R  
Address: 255 PARK AVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR R WELLS

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date