## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000015470  1. Entity Name WELLINGTON PLACE PROPERTIES, INC.				Secretary of State
	STREET STE C	Mailing Address P O BOX 1705 DUNEDIN, FL 34697		
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C	O NOT WRITE I	N THIS SPA	CE	4. FEI Number Applied For
			erne Editornio Editornio Propieto de Propieto en especial de Propieto de Propieto en especial de Propieto de Propieto en especial de Propieto en espec	75-2997487 Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
6. Name and Address of Current Registered Agent				Fee Required
GEORGE, THOMAS E 2682 CRYSTAL CIR DUNEDIN, FL 34698				DO NOT WRITE IN THIS SPACE
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  Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehabiling)  OATE				
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe				5.00 May 8e
10. IIILÉ	OFFICERS AND DIRE	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	GEORGE, THOMAS E 2682 CRYSTAL CIR DUNEDIN, FL 34698		and the state of the state of	
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12. I hereby certify that the information supplied with this filling 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 AND THE OF PRINTED HAME OF SIGNANG OFFICER OF DIRECTOR