2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # P02000015470

WELLINGTON PLACE PROPERTIES, INC.



FILED Jan 09, 2008 08:00 Al Secretary of State

Principal Place of Business

1177 MAIN STREET STE C DUNEDIN, FL 34698

Mailing Address

P 0 B0X 1705 DUNEDIN, FL 34697



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-2997487

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| GEORGE, THOMAS E 2682 CRYSTAL CIR DUNEDIN, FL 34698 | | | DO NOT WRITE IN THIS SPACE | | | |
|---|---|-------|-------------------------------|---------------------------------------|---|--|
| 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 Signature, typed or printed name of registered agent and title of applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Ca After May 1, 2008 Fee will be \$550.00 Trust Fund | | | cing | \$5.00 May Be Added to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT D GEORGE, THOMAS E 2682 CRYSTAL CIR DUNEDIN, FL 34698 | CTORS | | | 000000776251 01/09/08-80016-025 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE IN THIS SPACE | | |
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| TITLE NAME STREET ADDRESS CITY ² ST-ZIP | | E 4. | ٠. | | | |

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR