

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112170

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: THE WELLS CONNECTION, INC.

## Current Principal Place of Business:

318 NW 152 AVE  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

## Current Mailing Address:

318 NW 152 AVE  
PEMBROKE PINES, FL 33028

## New Mailing Address:

FEI Number: 14-1852241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAIR, JEAN-FRANCOIS & ASSOCIATES PA  
3500 N. STATE RD. 7, STE. 479  
FORT LAUDERDALE, FL 33319 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,V, ( ) Delete  
Name: WELLS, CURTIS  
Address: 1451 S.W. 85TH TERRACE  
City-St-Zip: PEMBROKE, FL 33025

Title: S,T ( ) Delete  
Name: WELLS, CUTIS  
Address: 1451 S.W. 85 TERRACE  
City-St-Zip: PEMBROKE, FL 33025

Title: VP ( ) Delete  
Name: JEAN-WELLS, NATALIE  
Address: 1451 S.W. 85TH TERRACE  
City-St-Zip: PEMBROKE, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: CURTIS WELLS

PV

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date