2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2006 08:00 AM Secretary of State DOCUMENT # P03000067933 1. Entity Name RWELL INVESTMENTS, INC. Principal Place of Business Mailing Address 1209 E. NEW HAVEN AVENUE 1209 E. NEW HAVEN AVENUE UNIT 101 **UNIT 101** MELBOURNE, FL 32901 MELBOURNE, FL 32901 04122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applled For 4. FEI Number 65-1195271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WELLBROCK, RICHARD J DO NOT WRITE 1634 RUSTIC WAY MELBOURNE, FL 32935 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, typed or printed name of registered agent and rife if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be F(LE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Feas Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE WELLBROCK, RICHARD J NAME STREET ADDRESS 1634 RUSTIC WAY U00000565321 05/20/06-80124-015 150.00 CITY-ST-ZIP MELBOURNE, FL 32935 TITLE NAME STREET ADDRESS CITY-57-21P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 it made under oath; that I am an officer or director of the curporation 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE MAME STREET ADDRESS CITY-ST-ZIP

Daviere Phone #

FILED