

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070421

Entity Name: WENDY MORELL, P.A.

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

3949 NW 57TH STREET
COCONUT CREEK, FL 33073

New Principal Place of Business:

10655 CYPRESS LAKES PRESERVE DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

3949 NW 57TH STREET
COCONUT CREEK, FL 33073

New Mailing Address:

10655 CYPRESS LAKES PRESERVE DRIVE
LAKE WORTH, FL 33467

FEI Number: 42-1600787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELL, WENDY
3949 NW 57TH STREET
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MORELL, WENDY
10655 CYPRESS LAKES PRESERVE DRIVE
LAKE WORTH, FL 33467 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:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MORELL, WENDY
Address: 3949 NW 57TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD () Delete
Name: MORELL, BRIAN
Address: 3949 NW 57 ST.
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MORELL, WENDY
Address: 10655 CYPRESS LAKES PRESERVE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD (X) Change () Addition
Name: MORELL, BRIAN
Address: 10655 CYPRESS LAKES PRESERVE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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: WENDY MORELL

PST

03/30/2005

Electronic Signature of Signing Officer or Director

Date