## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 22, 2004 8:00 am Secretary of State

ADDERHILL, FL 33351  2. Principal Place of Brunness  Sute, Apt. # etc.	DOCUI 1. Entity Nam ARWELLS		002				4 90004 037 ***15	0.00	
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Suite, Act it, etc.  ##FQ2 City & State  ##FQ3 City & State  ##FQ4	2. Principal Place of Business		3. Mailing Address 632 Sea Fine Way						
SPEENACRES   SCRIPT   S. Certificate of Status Desired   S. 75 Action   S. Certificate of Status Desired   S. 75 Action   S. S. Certificate of Status Desired   S. 75 Action   S. S. Certificate of Status Desired   S. 75 Action   S. S. Certificate of Status Desired   S. 75 Action   S. S. Certificate of Status Desired   S. S. Certificate of Status Desired Agent   S. S. Certificate   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07122004	Chg-P	CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  WELLS, ROCK A 4640 NW 85TH AVENUE LAVDERHILL, FL 33351  City  FL Zip Code  6. The above named entity supmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent and the supplies of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent and the supplies agent and the supplies agent and the supplies agent agent and the supplies agent age	City & State	е	City & State CLENACRES	florida				oplied For at Applicable	
WELLS, ROCK A 4640 NW 85TH AVENUE LAUDERHILL, FL 33351  City FL Zp Code  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, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the state of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida.  In accordance with s. 607.193(2)(b), F.S.  In accordance with s. 607.193(2)(	Zip	Country		Pala Bch.					
WELLS, ROCK A 4640 NW 85TH AVENUE LAUDERHILL, FL 33351  City  FL Zip Code  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, an the obligations of registering agent.  SIGNATURE  Signatur, types or printed many of impatered agent and tive if application.  (NOTE Registered Agent signature received after or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registering agent.  FILE NOWITI FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME SIREET ADDRESS CITY-ST-2P  GREEN ACRES, FL 33415  GREEN ACRES, FL		6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
Street Address (P. C. Box Number is Not Acceptable)    City   FL   Zip Code	WELLO BOOK A				Name				
City FL Zip Code  8. The above named entity suphrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, am the colliquations of registered agent.  SIGNATURE  Signature, inject or printed name of ingestered agent.  FILE NOWIII FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  NAME SIRETADORESS CITY-ST-ZIP  ITILE  MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete  TILE MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete TILE MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete TILE MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete TILE MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete TILE MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete TILE MAKE SIRETADORESS CITY-ST-ZIP  ITILE  Delete TILE Delete Delete TILE Delete TILE Delete TILE Delete Delete TILE Delete TILE Delete Delete TILE Delete TILE Delete TILE Delete TILE Delete TILE Delete Delete Delete Delete TILE Delete Delet	4640 NW 85TH AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
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12. I hereby certify that the information supplied with this filing 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 employmental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address with all given like employmental.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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