


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000040911 1. Entity Name WELFARE ENTERPRISES, INC.	
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Principal Place of Business 311 1/2 SW 11TH CT FORT LAUDERDALE, FL 33315 US	Mailing Address 311 1/2 SW 11TH CT FORT LAUDERDALE, FL 33315 US
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DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0866825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELFARE, JAMES
311 1/2 SW 11 CT
FORT LAUDERDALE, FL 33315**

**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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELFARE, JAMES 311 1/2 SW 11 CT FORT LAUDERDALE, FL 33315
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04/10/06-80042-024 150.00

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date **March 14, 2006** Daytime Phone # **954-895-**